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REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: PROGRAMME HIGHLIGHTS AND REPORT ON NATIONAL CAPACITY-BUILDING ACTIVITIES*

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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I. OVERVIEW OF MAJOR EVENTS OF 2001

1. The year 2001 was a year of continuity and change for UNFPA. It was the first for Ms. Thoraya Ahmed Obaid, who became the Fund's third Executive Director effective 1 January 2001, and marked the beginning of the final, transition phase of an organization-wide process of reform and realignment.

2. Implementation of **country programmes** accounted for the majority of the Fund's activities in 2001. At year-end, the Fund was implementing activities in approximately 150 countries, including two subregional programmes for countries in the Caribbean and Pacific Islands. UNFPA spent a total of $144 million on country programmes, and an additional $27.7 million on regional and interregional programmes. These programmes were carried out in the Fund's three core programme areas of: (a) reproductive health, including family planning and sexual health; (b) population and development strategies; and (c) advocacy. About 70 per cent of programmable resources went to reproductive health activities in 2001. Sub-Saharan Africa accounted for 33.2 per cent of programme assistance, followed by Asia and the Pacific at 32.6 per cent, the Arab States and Europe (13.2 per cent), and Latin America and the Caribbean (9.8 per cent). (For more detail, please see the statistical overview in the addendum to this report.) Wherever possible, country programme activities prioritized building the capacity and self-reliance of governments, non-governmental organizations (NGOs) and other national partners to undertake concerted national action towards sustainable development and improve the quality of life of their people. Section II of this report takes a closer look at the Fund's approach to national capacity building, and highlights selected programme activities in this area in 2001.

3. At her inaugural appearance before the Executive Board in January 2001, the new Executive Director identified three main challenges facing UNFPA: (a) ensuring a financially stable Fund; (b) strengthening the Fund's institutional capacity; and (c) addressing the socio-cultural context of programme development and delivery. At the beginning of her tenure, the Executive Director consulted with UNFPA staff, at headquarters and in the field, to develop a **transition** plan to realign the Fund's strategic vision, structure and operations to better position the organization to address these issues and to respond as flexibly and effectively as possible to other challenges and opportunities. The transition is still under way but considerable progress has already been made towards realizing the change agenda envisaged by the Executive Director. A report on transition activities in 2001 can be found in Section III of this report.

4 **Adolescent reproductive health** was a programming priority, featuring prominently in the 25 new country programmes approved in 2001. The Fund's work in this area focuses on providing young people with critical information, empowering girls, providing youth-friendly services, fostering supportive communities, and encouraging youth participation. Country-level activities took a variety of innovative approaches (see box 1 below). At the global level, substantial inputs were provided for the preparation of the United Nations Youth Forum held in Dakar in August 2001 and the United Nations Special Session on Children (originally planned for September but postponed until May 2002). The Fund contributed to internal and external youth-related technical meetings, such as the African Youth

Alliance Project and, together with the International Planned Parenthood Federation (IPPF), the South-North Partnership on Youth. It collaborated with the Population Council in developing an evidence-based programme review framework on adolescent reproductive health, to be launched with a consultative workshop for Country Technical Service Teams (CSTs), field offices and other partners. Communications were enhanced, via the Internet, between UNFPA headquarters and country offices to enable the Fund to more efficiently provide technical assistance for programmes, as well as materials, tools, and information on successful youth-related projects in other countries. Actions were also taken to build the capacity of CSTs through the development of the Long-Distance Learning Course on Adolescents.

Box 1

Reaching Young People

Information, education and communication (IEC) strategies for behaviour change are critical to most successful efforts to reach adolescents. Schools are the most obvious place to reach young people, and dozens of country programmes work with ministries of education, school systems, NGOs and other partners to help integrate essential information about sexual and reproductive health into curricula and teacher training materials. But UNFPA and its partners also work through a variety of other channels to supplement in-school efforts and to reach the millions of children who are not in school.

In Ecuador, for example, where a majority of adolescents in rural areas do not attend school, outreach strategies have been developed by UNFPA and its partners at the local level, to work directly with the adolescents themselves, their parents, health providers and the community. The newly approved country programme for Mongolia relies on NGOs with experience working with adolescents to help reach out-of-school youth. In Bangladesh, where early marriage and childbearing are common, a UNFPA-supported programme targets newlyweds and other young couples with orientation sessions and counselling. Music videos have been used to tell young girls in the Philippines how to avoid pregnancy. Performing arts programmes have been used to help deliver messages about HIV/AIDS prevention to young people in Jamaica, while a Fund-supported programme in Mozambique promotes youth-to-youth radio programmes on community radio stations. This peer education approach to IEC has also been applied in the Syrian Arab Republic and a number of other programme countries.

5. The Fund played a leading role in the area of **reproductive health commodity security** in 2001 by helping countries to procure quality, low-cost reproductive health supplies. Some 44 urgent requests for supplies were met through the Fund's Global Contraceptive Commodities Programme, a revolving fund designed to maintain stocks of reproductive health commodities for emergency situations. The United Kingdom and the Netherlands contributed $15 million to help avoid supply shortages in 2001, in addition to the $80 million they had donated for this purpose in 2000.

Notwithstanding these generous contributions, the Fund's activities in 2001 included a vigorous advocacy effort to raise awareness of the severe shortfall in funding in this critical area. At the global conference "Meeting the Reproductive Health Challenge: Securing Contraceptives and Condoms for HIV/AIDS Prevention" held in Istanbul in May, the Executive Director declared that the funding required for contraceptive commodities in the developing world would rise to $1.8 billion per year by 2015. In 2001, the Fund led the development of a common framework for determining national capacity to meet the demand for reproductive health commodities, expanded advocacy for resource mobilization, and helped develop technical resources, including mechanisms for early warning of supply shortfalls, as well as standards and training materials. Country offices worked with national partners to develop ways to better identify commodity supply gaps and to coordinate donor, NGO and private sector support. The first in a series of regional meetings to roll out the Fund's new global strategy for reproductive health commodity security was held in November 2001 in Mobassa, Kenya.

Box 2

Guatemala: Passing Legislation to Promote Reproductive Health

UNFPA and its national partners welcomed a major development in Guatemala in 2001 with the passage of the Social Development and Population Law. For the first time ever, reproductive health programmes in Guatemala will be a part of national policy, which means they will no longer have to rely on dwindling foreign aid for funding.

The law is expected to help provide women and men with the knowledge and resources they need to make their own choices about reproductive health and family planning. Guatemala has the highest fertility rate in Latin America, and one of the region's lowest rates of contraceptive use. Maternal mortality is extremely high due to lack of reproductive health information and services, the young age of many first-time mothers, and the close spacing between births. The new law will not only provide for reproductive health services, but will make reproductive health education obligatory in public schools.

The law was approved with the support of a wide array of civil society organizations, including many churches and religious groups that had opposed similar initiatives in the past. In its support for the law, UNFPA worked closely with these and other groups rather than merely forming alliances with organizations in favour of the law. The Fund also helped develop an advocacy strategy that promoted the law as a means of reducing maternal and infant mortality. UNFPA positioned itself as a facilitator, and kept a low profile during negotiations to ensure that the process would be country-led.

6. UNFPA responded to the **HIV/AIDS** pandemic on various fronts. It identified HIV prevention as an institutional priority, formulated a strategic direction for addressing HIV in its three core

programme areas, and developed guidelines for national capacity building. At the country and regional level, efforts were intensified to integrate prevention into the reproductive health component of country programmes, especially in the context of adolescent reproductive health. CSTs were staffed with specialists on HIV/AIDS to provide technical support to UNFPA country offices for integrating culturally sensitive HIV/AIDS components into programming, developing guidelines for advocacy, supporting national responses to HIV/AIDS, and enhancing education campaigns. At the global level, the Fund was a key contributor to the United Nations Special Session on HIV/AIDS held in New York from 25 to 27 June. The Fund provided inputs for the Declaration of Commitment on HIV/AIDS, participated in three of the Special Session's four round tables, and organized a high-level panel discussion on gender and HIV/AIDS, chaired by the Executive Director. UNFPA also chaired the United Nations Joint Programme on HIV/AIDS (UNAIDS) Committee of Co-sponsoring Organizations, where it revitalized the issue of support to United Nations staff and dependants living with HIV/AIDS, encouraged greater accountability in collaborative mechanisms, and represented the UNAIDS Co-sponsors during the development of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Regional initiatives included participation in the European Commission/UNFPA Initiative for Reproductive Health in Asia (RHI), which is designed to improve reproductive health information and services in seven Asian countries, and a joint advocacy initiative with UNAIDS to raise awareness, political commitment and financial support among the leaders of countries in sub-Saharan Africa. UNFPA also received the first disbursement of the $56.7 million pledged by the Bill and Melinda Gates Foundation to reduce the incidence of HIV/AIDS among young people in Botswana, Ghana, Uganda and the United Republic of Tanzania.

Box 3

Communication for Development Roundtable

Against a backdrop of rapidly transforming international response to HIV/AIDS, the Fund organized the Eighth Communication for Development Roundtable in Managua, Nicaragua, in November 2001. The HIV/AIDS communication roundtable was organized with the collaboration of UNESCO and other United Nations agencies, and examined whether current strategies, experience and knowledge are enough to arrest the spread of HIV/AIDS, and what role communicators must play in the future. The three-day roundtable was attended by more than 70 professionals, and provided a platform for a creative exchange of ideas among those working in communications efforts related to HIV/AIDS.

7. As the lead agency for implementing the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA continued its **advocacy** work for universal access to reproductive health care, the right to family planning, empowerment of women, the importance of engaging men as partners in the promotion of reproductive and sexual health and gender equity, the need for reproductive health information and services for adolescents, and the need for national

governments to adopt and implement sustainable population policies. With a view to strengthening knowledge about what works in advocacy, UNFPA, with funding from the Swedish International Development Agency (Sida), embarked on an initiative to document experiences and lessons learned in advocacy and behaviour change communication initiatives undertaken with men of the armed forces in six countries – Ecuador, Paraguay, Nicaragua, Namibia, Botswana and Madagascar. The findings will be consolidated, published and disseminated to UNFPA country offices and partners to increase understanding of how the armed forces, and men in general, can be enlisted to help improve reproductive and sexual health for women and men and end gender-based violence and the spread of HIV/AIDS.

8. UNFPA also worked at the global level to raise awareness about fistula, a preventable and treatable disease caused by damage to the tissues of the bladder and rectum as a result of prolonged and obstructed labour. The Fund's *Initiative Against Fistula* raises awareness about the condition, its prevention and treatment, advocates for emergency obstetric care, and coordinates communication campaigns to alert communities about the dangers of early marriage and childbearing and the need for timely medical interventions when pregnancy complications arise. UNFPA also expanded its Goodwill Ambassador programme, through which international and national celebrities help raise awareness of reproductive health needs in developing countries. And the Face to Face Campaign, conducted in partnership with the IPPF, was intensified in 2001 as well, to contribute to resource mobilization by creating greater public and political awareness of population issues and organizations by engaging celebrities to help focus attention on advocacy initiatives.

9. Another important advocacy tool, the Fund's annual **State of World Population report**, called for greater efforts to balance human and environmental needs. Entitled *Footprints and Milestones: Population and Environmental Change*, the 2001 report argued that unbalanced consumption and environmental destruction were having a disproportionate impact on the poor, and noted that the world's population, about 6.1 billion as of end-2001, had doubled since 1960 and was projected to increase by another 3 billion by 2050. Two actions were described as central to meeting the challenge of growing population: ensuring the provision of education and health care, including reproductive health care, for all women, and bringing an end to the absolute poverty of the more than one billion people living on less than $1 a day. The report received significant attention and was considered a vital input to the preparation of the World Summit on Sustainable Development (Rio+10) to be held in Johannesburg in 2002.

Box 4

Population Day

World Population Day is among the most visible and global of the Fund's advocacy events. On 11 July 2001, UNFPA field offices around the world – in collaboration with governments, NGOs, and other partners – helped organize a variety of national and community-level activities to mark the day.

In dozens of countries, UNFPA contributed to a full week of awareness-raising programmes and events. In the Islamic Republic of Iran, these included an electronic and print media campaign, and a number of talks held in mosques, work places, schools and cultural centres. The country office also organized a round table conference, at which President Mohammad Khatami affirmed the Iranian Government's support for UNFPA programming and asserted that even more should be done to "promote young people's knowledge of population issues, reproductive health, and family planning".

Panels related to population, development and environment – the theme for World Population Day 2001 – were held in many places. At UNFPA-sponsored panel discussions in Chad, Papua New Guinea, and other countries, these discussions were broadcast live on national radio, and were covered by major newspapers.

Many countries used the occasion to launch new initiatives dedicated to improving reproductive health. In Pakistan, UNFPA and the Government marked the day by signing an agreement for the first of seven projects, valued at $7 million, to reduce maternal mortality, improve access to reproductive health services and family planning, and boost knowledge about population issues. In the Occupied Palestinian Territory, the UNFPA country office helped inaugurate a Women's Health Centre and a Youth Development Centre in Hebron.

Children were the focus of many events. The celebration in Uganda included presentations of songs and poems by school children depicting the repercussions of high population growth. Dozens of country offices marked the day by awarding prizes and certificates to the young winners of national poster contests, and officially opened exhibitions of their work. In Kyrgyzstan, hundreds of school children participated in the contest, and the five best works were entered in the Fund's International Poster Contest. Some of the poster contests focused on a specific area; in Nepal, for instance, the subject was how to improve male participation in family planning.

10. As part of a broader effort to better address the unique socio-cultural contexts in which its programmes operate, UNFPA organized a panel of scholars and experts on religion, human rights and international affairs in November to launch a dialogue on the role of **religion and culture** in the

context of globalization and development. This dialogue was intended to help develop operational approaches that build on the positive cultural values found in different societies, and to find ways to systematically design culturally-sensitive programmes. A UNFPA inter-divisional working group was established to carry out and build on the recommendations and findings of the meeting. The success of the panel led to other activities, including an internal expert consultation on the role of culture and religion in population programming held at UNFPA headquarters in January 2002. This consultation brought headquarters and field staff together to develop a detailed work plan and corresponding strategies for addressing the role of religion and culture in the Fund's main programme areas.

Box 5

Meeting on the Application of Human Rights to Reproductive and Sexual Health

Significant progress has been made in the past five years in incorporating reproductive rights into the work of the six United Nations treaty bodies, according to human rights experts at a meeting held 25-27 June 2001 in Geneva. Organized by UNFPA and the Office of the United Nations High Commissioner for Human Rights, the meeting assessed progress, obstacles and opportunities in integrating reproductive rights into the treaty bodies' work, and formulated strategies for further advancement.

The meeting brought together representatives from treaty bodies, United Nations agencies and a wide range of NGOs to assess the gender dimensions of human rights, track progress since the ICPD and other international conferences, and encourage collaboration in the development of indicators to monitor rights related to women's health. In their analysis of progress to date, meeting participants analysed the impact of clinical services, health systems and other underlying factors on the attainment of sexual and reproductive health rights.

The meeting concluded with the issuing of a set of recommendations – directed to treaty bodies, United Nations entities, states and NGOs – to promote the attainment of reproductive and sexual health by women and men alike.

11. **Gender mainstreaming** was a priority for the Fund in its core programme areas, in its operations in emergency situations, and within the organization itself. To build national capacities to incorporate gender issues into programming at the country level, efforts were undertaken to strengthen the technical capacity of CSTs. Related activities included the development of a comprehensive training manual on gender, population and development, and a September workshop for the training of CST advisers. The Fund produced and piloted *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*, which addressed ways to incorporate approaches to gender-based violence into reproductive health care planning. Studies were conducted on female genital cutting and violence against women and girls, and a strategy was developed for the integration of a gender perspective in conflict situations. The Fund continued to support special initiatives by other United Nations agencies aimed at empowering women and girls and eradicating

female genital cutting and other harmful practices. It also participated in inter-agency task forces on women, peace and security; gender mainstreaming in programme budgets; and mainstreaming a gender perspective in United Nations Common Country Assessments (CCAs) and United Nations Development Assistance Frameworks (UNDAFs).

12. Since gender mainstreaming is about men as well as women, UNFPA undertook a comprehensive review of issues and experiences in partnering with men in issues related to reproductive health, including the prevention of violence against women. The Fund drew attention to the need to better understand socialization processes and stereotypical interpretations of masculine behaviour, and made recommendations regarding data collection, service delivery, advocacy and behaviour change, and approaches for involving adolescent males. These findings and recommendations were consolidated into the technical paper *Partnering: A New Approach to Sexual and Reproductive Health*, which was disseminated to UNFPA country offices and partners to help build national capacities to programme for male involvement. UNFPA remained committed to achieving gender equity in its own organization as well: women now account for nearly half of all professional posts, and more than half the members of the Fund's Executive Committee, including the new Deputy Executive Director for Management, are women.

Box 6

Empowering Women

"Everything we have learned over the past decade shows that when women are empowered–through economic opportunity, health care and education–the benefits go far beyond the individual. Families, communities and nations are better off. Population growth slows, economic growth is stronger, and countries have more capacity, as well as more room, to make choices which favour sustainability."

From a statement by the Executive Director,
during a panel discussion at the Third Prepcom for the World Summit on Sustainable Development

13. Since 1994, when it formalized and increased its emphasis on **emergency response and humanitarian assistance**, UNFPA has supported emergency reproductive health projects in more than 50 countries and territories. In 2001, the Fund raised awareness about reproductive health needs in emergencies and increased the capacity of its country offices and partners to respond quickly and effectively. At the global level, the Fund provided continued support for a project on training and advocacy for reproductive health services in emergency situations, which trained some 90 relief workers and health professionals from more than 30 countries (see box 14). In November, UNFPA organized a three-day meeting on "The Impact of Conflict on Women and Girls" in Bratislava, which convened more than 50 experts from governments, United Nations agencies and NGOs to review progress and experiences accumulated in a range of conflict situations. Participants agreed that actions to protect women's rights and meet their specific needs should become a standard part of crisis

response, and compiled a set of recommendations to be incorporated into emergency response programmes to ensure that refugee care and peace-building efforts consistently address reproductive health issues and gender-based violence.

Box 7

Emergency assistance to Afghanistan

UNFPA assistance to Afghan families was resumed in December 1997, when a UNFPA-funded clinic in the walled city of Ghazni, between Kabul and Kandahar, was opened to offer reproductive health care to some 70,000 Afghan women and children. This and other UNFPA supported projects also built local capacity by providing training for traditional birth attendants and midwives, and helping to upgrade clinics dedicated to maternal health care. Beginning in July 1998, UNFPA also provided support to Afghan refugees living outside the country by working with the United Nations High Commissioner for Refugees to provide urgently needed reproductive health information and services to over 1 million Afghan refugees living in Pakistan. UNFPA also helped open clinics and trained midwives serving refugee communities in the Islamic Republic of Iran.

The Fund's presence and experience enabled it to act quickly when massive numbers of Afghans, including thousands of pregnant women, fled their homes to escape armed conflict in September 2001. The Fund pre-positioned emergency relief supplies in the countries bordering Afghanistan for the anticipated influx of refugees into neighbouring countries and, where possible, for distribution inside Afghanistan. The Government of Luxembourg responded to the Fund's call for $4.5 million to support a six-month effort to provide displaced Afghan women with life-saving reproductive health care services. Its generous donation allowed the Fund to provide an integrated package of reproductive health care services, including essential obstetric care, basic equipment and supplies, training and operational support. The initial operation was also supported with donor contributions from Italy, the Netherlands, Norway and the United States.

Since the fall of the Taliban, UNFPA has been a vital partner in the United Nations Assistance Mission to reconstruct Afghanistan. The Fund is working with the Ministry of Public Health to coordinate national and international efforts to improve the reproductive health status of Afghan women, which after two decades of war and the oppressive rule of the Taliban is among the worst in the world. UNFPA is also helping to strengthen the national statistics and data system and is supporting the establishment of regional and provincial statistics offices to help prepare for a national population and housing survey, which will create a database for improved socio-economic planning. UNFPA continues to support internally displaced Afghans, as well as refugees still living in the neighbouring countries of the Islamic Republic of Iran, Pakistan, Tajikistan, Turkmenistan and Uzbekistan. In these countries, the Fund is working with governments, NGOs and international agencies – including UNHCR, UNICEF, the International Organization for Migration (IOM) and WHO – to provide reproductive health care and supplies, and support for educational services in refugee camps and other settings.

14. While its activities in Afghanistan constituted the Fund's largest humanitarian operation ever, emergency assistance was provided in 2001 to people fleeing armed conflict and natural disasters in other parts of the globe as well. Following a massive earthquake in Gujarat, India, the Fund dispatched emergency resources and personnel to equip 12 mobile health clinics to provide reproductive and other health services in areas devastated by the quake. In Sudan, the Fund established clinics and provided reproductive health kits, containing contraceptives and materials for safe child delivery, for nearly 70,000 Eritrean refugees. In El Salvador, assistance was provided to thousands in the aftermath of massive earthquakes, in the form of emergency supplies, health centre delivery equipment, tools for safe blood transfusions and HIV prevention, and special instruments for caesarian sections, resuscitation and other delivery-related complications. In Colombia, which has the highest number of internally displaced persons in Latin America, UNFPA continued its support for a three-year programme aimed at making reproductive health and gender issues an integral part of humanitarian relief efforts. In the Democratic Republic of the Congo, the Fund worked with the Ministry of Health to establish centres where young people affected by the war could obtain reproductive health-related information, counselling and services. Emergency reproductive health assistance was also provided to internally displaced populations in Liberia, the Occupied Palestinian Territory, and the Central African Republic.

15. As part of the lead-up to the Second World Assembly on Ageing held in April 2002, UNFPA helped focus attention on the speed of **population ageing** and worked with partners to influence public policy to respond to its challenges, especially meeting the needs of the older poor, with a particular emphasis on women. The Fund also organized a meeting of experts on population ageing in Valetta, Malta, in October.

Box 8

Meeting the Needs of Older Persons

Though its interregional programme, UNFPA provided support to the International Institute on Ageing (INIA) in Malta to enhance developing countries' capacity in the area of population ageing. INIA trains policy makers, programme personnel, educators, and other professionals from developing countries in effective ways to address the growing needs of older persons, especially the poor. In 2001, INIA, with UNFPA support, organized *in situ* courses in China, Singapore and Tunisia. These courses have already trained more than 900 professionals.

16. UNFPA intensified its efforts to mainstream a **results-based management** (RBM) approach in its programming, and to build the capacity of headquarters staff, country offices, CSTs, and national partners to manage for results. This was viewed as critical not only to maximize the impact and effectiveness of the Fund's work but also to respond to increasing demand by donor countries for development organizations to demonstrate more concrete, measurable results. Continued implementation of the multi-year funding framework (MYFF) and the development of country programme results information systems helped improve the collection and analysis of data on results at

the field level. The Fund also organized an RBM orientation workshop for CST members, disseminated an RBM orientation guide, finalized more than 20 results-oriented country programmes and reviewed the programming guidelines to ensure that the RBM approach was built into the strategic stages of programme planning, monitoring and evaluation. Extensive additional efforts were planned for 2002 as it was evident that much more needed to be done for RBM to become completely internalized by all staff and applied systematically. Additional staff were dedicated to the branch overseeing RBM activities at the end of 2001 to help strengthen capacity in mainstreaming RBM and the MYFF in all the Fund's activities.

17. In decision 2001/11, the Executive Board endorsed a proposal for **harmonizing the programming processes of UNFPA and UNDP**. The decision enables Board members to contribute comments on country programmes prior to their finalization while ensuring that the programming process is country-led and country-driven and based on national priorities and needs. Country programmes will now adopt a common format for programmes, which includes a framework to link resources and results. Harmonized programming – along with sector-wide approaches (SWAps), Poverty Reduction Strategy Papers (PRSPs), CCAs and UNDAFs, and similar inter-agency initiatives – is expected to increase efficiency and synergies among development organizations to maximize their impact.

Box 9

"Success Stories in Developing Countries"

Global targets *can* be met – for the reduction of maternal mortality, HIV/AIDS infection, and other poverty-related diseases. That was the message of "Health, a Key to Prosperity: Success Stories in Developing Countries," a 2001 report released by UNFPA, WHO, UNAIDS, UNESCO, UNICEF and the World Bank. Citing success stories from 20 countries where communities have imaginatively mobilized their knowledge, skills and resources to achieve impressive results, the study asserts that the targets set by world leaders at recent summits *are* feasible. What is needed are the funds and systems that will enable widespread implementation of proven strategies.

The report identifies six common characteristics of programmes that have succeeded in reversing the spread and impact of poverty-related diseases: political commitment, strong partnerships, innovation, availability of supplies, measuring results, and promoting the home as the first hospital. This last characteristic relies in particular on the training and education of mothers, long a UNFPA strategy.

One example cited was Sri Lanka. Although more than a third of the country's population lives below the national poverty line, maternal mortality fell by more than half between 1990 and 1998. Over 96 per cent of deliveries are now attended by a skilled birth attendant. Over 90 per cent of deliveries take place in a health facility. And contraceptive use among married women has risen to over 60 per cent. The achievements are the result of increased government commitment to improving education and health care, improvements in the status of women, and rising female literacy rates, bearing out the message of UNFPA and its key partners that sustained efforts in these critical areas can turn the tide.

18. UNFPA strengthened its **collaboration with the World Bank** in 2001. In the area of reproductive health, the two organizations continued to co-sponsor, together with UNDP, the WHO Special Programme on Research, Development and Research Training in Human Reproduction. UNFPA and the World Bank Institute also partnered in a number of capacity-building initiatives. They designed and delivered a workshop in December on reproductive health and health sector reform, and jointly planned, along with WHO, the workshop "Effective Partnerships to Accelerate Implementation of Reproductive Health Programmes," held in January 2002.

19. The Fund's **Technical Advisory Programme** (TAP) was adapted to ensure more strategic interventions and to increase flexibility and reliance on national and regional human resources. Under the new arrangements for the programme, approved in a decision by the Executive Board in February 2002, it was determined that the CSTs would develop a roster of national and regional personnel and institutions capable of providing technical support. The CSTs would be given supplementary budgets for knowledge sharing and training for national capacity building, and would work more closely with UNFPA headquarters and other partners to develop more effective approaches to national capacity building.

20. The news on the **resources** front was mixed in 2001. Regular resources income was approximately $268.7 million, less than the amount projected in the MYFF. The Government of the Netherlands was again the Fund's biggest donor, with an end-of-year contribution of $2.1 million that brought its total pledge for 2001 to approximately $50.3 million. Income from other resources continued to increase, totalling $123.5 million in 2001, in excess of their $70 million target. Also encouraging was the fact that UNFPA again surpassed its donor target, with a record 121 donors contributing to the Fund's resources in 2001, representing a near doubling in only three years. The fact that this increase came almost entirely from programme countries indicated an unprecedented level of commitment to the Fund's work by the countries it serves. Still, much of the Fund's work continued to be endangered by the lack of a predictable and assured core resource base. The Fund's core resources have remained below pre-ICPD levels since 1999 and there was uncertainty regarding the continued support of one of the Fund's biggest donors in 2002. The continued decline in core resources meant that expenditure ceilings for country programmes had to be cut in a number of cases, and some programme activities had to be pared down, postponed or even cancelled. A number of divisions at headquarters reported diminished capacity due to unfilled vacancies. The Fund continued to seek multi-year pledges within the context of the MYFF adopted by UNFPA in 2000 to ensure greater stability and predictability in terms of its resource base, but as of December 2001, only five of the Fund's 16 major donors had made such pledges. The second report on the implementation of the MYFF is presented in Part II of this year's annual report, DP/FPA/2002/4 (Part II).

II. CAPACITY-BUILDING ACTIVITIES

21. As the lead agency in the implementation of the ICPD Programme of Action, UNFPA is committed to developing national capacities to integrate reproductive health, population and gender into policy making and development planning, and for the effective design and implementation of

reproductive health programmes. Capacity building is one of the four principal MYFF strategies adopted by UNFPA to help its programme countries meet their population and development objectives. The growing trend towards country-led development frameworks and mechanisms, including the UNDAF, PRSPs and SWAps, places more emphasis than ever before on building national capacity for policy and programme formulation and implementation. Sectoral reforms, including the decentralization of services and decision making, require intensive capacity building at all levels. In 1998, General Assembly resolution 53/192 affirmed that "capacity building and its sustainability should be explicitly articulated as a goal of technical assistance provided by the operational activities of the United Nations system at the country level, with the aim of strengthening national capacities in the fields of, *inter alia*, policy and programme formulation, development management, planning, implementation, coordination, monitoring and review". A working definition of capacity building, adopted by the Administrative Committee on Coordination (ACC) in 1999, is given in box 10 below.

Box 10

A Definition of Capacity-Building

"Sustainable capacity-building encompasses the building of organizational and technical abilities, behaviours, relationships and values that enable individuals, groups and organizations to enhance their performance effectively and to achieve their development objectives over time. It includes both strengthening the processes, systems and rules that shape collective and individual behaviour and performance in all development endeavours as well as people's ability and willingness to play new developmental roles and to adapt to new demands and situations."

Capacity-building and UNFPA programmes

22. National capacity-building and promoting national ownership of the development process are key aspects of UNFPA programming, from support for population and reproductive health policy formation at the national level to the training of reproductive health care personnel at the local level. UNFPA programmes seek to build national capacity by increasing knowledge of reproductive health and population and gender issues, and by improving skills in programme design, management, monitoring and evaluation, and in the reporting, collection, analysis and dissemination of data.

23. In 2001, UNFPA increased its emphasis on building national capacity in efficient and effective programme management by strengthening a results-based approach in its programming. Workshops were held on the use of the logical framework, and activities aimed at building the capacity for joint needs assessment and joint planning within the context of national development frameworks were carried out as well. Numerous country offices have already reported increased capacities for results-oriented programming and planning among their national partners.

24. A thematic evaluation of capacity-building in the Fund's activities was initiated by UNFPA in May 2001. Data were collected from five case countries of varying programme size and complexity: Brazil, Egypt, Côte d'Ivoire, Nigeria and Viet Nam. The purposes of the evaluation were: (a) to assess the effectiveness of the Fund's work in developing the reproductive health and population and development capacities of national governments, NGOs and other development partners; (b) to highlight what has worked and what has not worked, and to examine why; and (c) to compile best practices and make recommendations for future programme strategies, operational procedures, and organizational changes required to increase the effectiveness of capacity-building interventions. Preliminary findings available in early 2002 revealed that the Fund allocated about two-thirds of its total spending to capacity-building activities in the context of national execution and ownership during the period 1998-2001. Essential capacity building activities included training for national counterparts at various levels, improving technical and organizational systems and processes, and support for advocacy initiatives. One of the chief findings of the evaluation was that despite a large number of successful and innovative initiatives, capacity building interventions were usually the product of the knowledge and initiative of individual staff members rather than the results of an organization-wide strategic approach. The evaluation also indicated the need to develop tools and frameworks to assist staff with capacity analysis, and to collect and disseminate existing knowledge and experience so that it can be accessed and applied systematically. The complete findings, conclusions and recommendations of the evaluation were to be circulated to UNFPA staff in the second half of 2002, to form the basis for a workshop and to help strengthen and streamline capacity building in future programming.

Capacity building in reproductive health

25. UNFPA is committed to ensuring that women and men of all ages have access to essential reproductive health information and services, including family planning. In 2001, the Fund invested considerable resources in building human capacity in this area. Health and community workers at all levels of the health care system were trained in reproductive health care service provision. A series of workshops were held to develop national strategies for management and logistics, including training and quality assurance. Appropriate instruments were disseminated to countries to enable them to better manage their logistics systems. The Fund also worked to strengthen service delivery points to ensure they were adequately equipped to provide essential reproductive health information and services. And in several countries, the Fund focused its efforts on leveraging partnerships with NGOs, women's organizations, and religious and community leaders to increase availability of reproductive health services.

Box 11

The Islamic Republic of Iran: Building National Capacity to Strengthen Reproductive Health

A UNFPA-supported programme covering five remote, hard-to-reach provinces in the Islamic Republic of Iran is working to strengthen the technical capacity of the Ministry of Health and Medical Education (MOHME) to improve the accessibility, management and quality of reproductive health services. UNFPA and MOHME decided to focus on two districts in each of the five provinces – one performing above average with regard to reproductive health service provision, and one performing relatively poorly – and to design programmes for each based on local priorities, strengths and weaknesses. The following is a partial list of what was achieved in 2001:

- The number of service delivery points offering reproductive health services was increased.
- In the provinces of Beshehr and Golestan, indirect training was used to train Behvarzes on why Pap smears are important, how to perform them, and how to improve screening quality. As a result, the number of Pap smear referrals increased in 2001.
- Two 24-hour safe delivery facilities were established and equipped in the province of Sistan-Balouchestan. Women can give birth at these facilities free of charge.
- In Kordestan, UNFPA assisted health officials in developing quality standards for reproductive health programmes, and helped them learn to identify existing problems and gaps in service delivery and to prioritize interventions accordingly. Mobile family planning teams were established to improve accessibility of services in rural areas.
- Reproductive health training sessions and seminars were held at the community level in all programme provinces. These were targeted to all eligible men and women – including government personnel, shop owners, volunteers, and newly married couples – and included briefings for local decision makers.
- Training courses were held in Teheran to increase the knowledge and teaching capacity of volunteers, newly married couples and traders and shop owners regarding HIV/AIDS and other sexually transmitted infections.

26. Another way UNFPA builds local capacity is by supporting the development and implementation of clinical norms and standards for reproductive health service delivery. In 2001, the Fund carried out such activities in many countries, including Burkina Faso, Dominican Republic, Kazhakhstan, Mauritania, Philippines, and Tajikistan. The Fund also took the lead in the development of a common framework for country assessment of capacity to meet reproductive health commodity needs. This resulted in the formulation of specific recommendations for ways to further strengthen existing logistics systems and policies. The development of normative instruments, combined with the integration of reproductive health services into health worker training, has contributed to strengthened capacity for the delivery of quality reproductive health care.

Box 12

West Africa: Building Capacity for Emergency Obstetric Care

As a component of the interregional programme "Making Safe Motherhood a Reality," UNFPA is working in the West Africa region to build the capacity to increase the availability and use of Emergency Obstetric Care (EOC). Key elements related to capacity building include fostering collaboration between country offices, CSTs and governments; building consensus; and promoting knowledge sharing with international and national consultants and academic institutions.

UNFPA began by working with governmental teams to collect data and conduct needs assessments on EOC in five West African countries: Cameroon, Côte d'Ivoire, Mauritania, Niger and Senegal. Similar data collection and needs assessment will be carried out in the Gambia, Gabon and Guinea Bissau, and, eventually, in every country in the sub-region. This staged approach was selected because it is the most efficient way to leverage the experience of countries and personnel that have already participated in the exercise. The UNFPA national programme officer from Senegal, for example, served as a consultant during needs assessment in Gabon and Guinea Bissau.

The programme builds capacity by promoting cost effectiveness and the ability to use indicators to programme for results. The cost of data collection and needs assessment in each country averages only $50,000, thanks in part to the incorporation of lessons already learned. The mapping of obstetric services helped to identify those sites most in need of support and expansion of services. Project proposals were then drafted for those areas, in collaboration with governments and donors, and solid funding has already been mobilized for three countries, with funding for at least two others, and eventually the entire sub-region, likely to follow. Thanks to a relatively small investment by UNFPA, the needs assessment project has already been a success as it has helped jump-start promising initiatives that are partially or fully owned by the governments.

Capacity-building in population and development strategies

27. Taking population and demographic dynamics into account, and recognizing how they are linked with poverty, environment, and socio-cultural and economic conditions, is key to accelerating development and reducing poverty. The Fund helps build the capacity of policy planners, decision makers and trainers in this fundamental area, and works to strengthen national capacities to monitor and analyse population trends and integrate population and gender issues into development programmes. More than 1,000 professionals from 120 countries have been trained through the Fund's Global Training Programme, in a network of regional training centres. Approximately half of the trainees have been women.

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Box 13

Building Capacity for Cost-Effective Censuses

In November 2001, UNFPA and the PARIS21 Census Task Team – working in partnership with the United Nations Statistics Division, EUROSTAT and the United States Census Bureau – helped organize an international expert group meeting on census taking in Pretoria, South Africa. The meeting brought together, for the first time, census professionals from around 60 countries. About two-thirds of the participants were from developing countries, and a third were representatives of developed countries, donors and multilateral agencies. Participants shared their experiences in national census taking, and identified best practices and common problems, especially in relation to cost-saving approaches and making better use of census data. The meeting, which called for more national and international advocacy in support of population censuses in developing countries, facilitated greater North-South exchange and collaboration, and helped identify cost-effective strategies to support national capacity building of statistical offices for census taking in developing countries.

28. Under its interregional programme, UNFPA supports a project with the International Institute for Applied Systems Analysis in Austria (IIASA) to promote access to key population-related information, via Internet, by professionals in developing countries. Cyber-seminars connect networks of professionals, academics, practitioners, government officials, NGO staff, and other interested individuals, and enable them to access and exchange lessons learned and best practices. The exchanges also contribute to policy discussions on the linkages between population dynamics and sustainable development, and have fed into the Rio+10 process.

29. Community leaders, managers and other decision makers must have accurate and relevant data to make informed decisions about population policy and programmes. UNFPA helps develop appropriate tools for use by population planners, such as geo-referenced information systems. The Fund also works to strengthen capacity for enhancing statistical and information systems, supports population teaching and research institutes, and contributes to a number of studies and operational research initiatives. Studies and research projects such as these build national capacity for policy formulation, programme development and monitoring, and advocacy, and serve as replicable models for other studies.

Capacity building and advocacy

30. In all its programmes, UNFPA devotes special attention to gender sensitivity. It contributes to the development of school curricula that give special attention to eliminating gender stereotypes that perpetuate gender bias and gender inequality. These curricula include family life education modules,

with emphasis on life skills, and sexual and reproductive health, including family planning and HIV/AIDS. To ensure sustainability, the Fund's approach is to maximize the involvement of NGOs and civil society in the prevention of violence against women. In countries like Burkina Faso, Cameroon, Central African Republic, and Nepal, the Fund has encouraged research into gender-based violence to inform policies and programmes. In this way, the Fund builds national capacity at the institutional level to foster an enabling environment for achieving gender equality.

Box 14

Morocco: Fighting Violence Against Women

The UNFPA country office in Morocco has teamed up with French Cooperation to build the capacity of the Moroccan Association for Women's Rights, a local NGO, to address violence against women. In addition to individual support for individual victims of violence, the joint project has allocated funds to computerize and analyse the 1,500 cases already recorded. The project is also committed to advocacy efforts, and organizes workshops and conferences dealing with *Mudawana*, the Moroccan Code of Personal Status, which is based on Islamic law.

31. The Fund works with governments and civil society to raise awareness about practices that are harmful to women's reproductive health. UNFPA has strengthened the capacity of governments and NGOs to mobilize communities against harmful practices such as female genital cutting in several countries. Support is provided to managers, health service providers, NGOs, and community groups to advocate against such harmful practices. Some countries, such as Guinea, have now passed legislation against female genital cutting, a sign that these efforts have begun to bear fruit.

32. UNFPA has established a distance learning programme to address capacity building needs in issue areas related to population and reproductive health. Through a grant from the United Nations Foundation—and in cooperation with the United Nations Staff College/International Labour Organization Training Center in Turin, Italy, and technical units of the Fund—six courses have been developed: Reproductive Health, HIV/AIDS, Maternal Mortality Reduction, Gender, Advocacy, and Adolescents. The project was conceived as a cost-effective complement to traditional face-to-face or campus-based training and learning and aims to use the methodology of distance learning and modern information technology as vehicles for building staff knowledge in these key programme areas. In 2002, the project was up for review for integration into the Fund's training and learning structure and activities.

Capacity-building in emergency situations

33. The most visible elements of emergency response are those that focus on the provision of equipment and supplies to people affected by disaster. But UNFPA also supports activities to build the

capacity of country offices, governments, NGOs, and health workers to respond more quickly and effectively to crises. The Fund provides training to improve emergency response, raises awareness of the need to protect reproductive health in crisis situations, and teaches national programme planners how to assess needs, plan and execute projects, and monitor and evaluate progress. Examples of training activities include regional workshops for humanitarian workers, training programmes for health care professionals at the local level, and training of trainers.

Box 15

Training on reproductive health in emergency situations

In close cooperation with UNHCR, the International Federation of Red Cross and Red Crescent Societies, and other NGOs, UNFPA provided continued support in 2001 to a Belgian-funded project to train health professionals from 30 countries in the provision of reproductive health services in emergency situations. In March, UNFPA and its partners provided training courses for relief workers and health professionals from Francophone Africa. The courses were held in Mauritania and prepared participants to better coordinate reproductive health services as part of relief efforts, and to mediate between vulnerable populations and the international and national agencies that serve them in crisis situations. Participants were also trained in participatory techniques for involving affected populations in decision making regarding reproductive health service provision. The project, which ran from 1999 to 2001, formed the basis of a subsequent project on adolescent reproductive health in crisis situations.

III. TRANSITION ACTIVITIES

34. To ensure that the Fund and its operations remain relevant and effective in the face of new opportunities and challenges, the Executive Director initiated an organization-wide transition process upon taking office in January 2001, with five principal aims: (a) to develop and implement a strategic vision of the Fund's goals and operations; (b) to realign the structure of the Fund to provide greater and more effective support to the field; (c) to invest in and develop UNFPA staff; (d) to improve knowledge sharing and communications, both within UNFPA and between the Fund and its partners; and (e) to increase the visibility of UNFPA and its achievements.

35. External support for the transition was generous and broad-based. The Governments of Sweden, Switzerland, and the United Kingdom made considerable contributions, as did the United Nations Foundation, which sought to provide matching funds for funds pledged through it. Other contributors included The Bill and Melinda Gates Foundation, The William and Flora Hewlett Foundation, The Kaiser Family Foundation, The David and Lucile Packard Foundation, The John D. and Catherine T. MacArthur Foundation and The Rockefeller Foundation.

36. To provide a strong basis for the transition exercise, and to obtain a country-office perspective on the Fund's strengths and weaknesses, a field needs assessment study was conducted in June-July 2001, in which four teams, supported by external consultants, travelled to 14 programme countries: Cambodia, Colombia, Democratic Republic of Congo, Djibouti, Ethiopia, India, Jordan, Kyrgyzstan, Mexico, Nicaragua, Nigeria, Pakistan, Thailand and Yemen. The teams solicited detailed information on a large set of issues from country office staff and CSTs, as well as from representatives of the Government, bilateral agencies, NGOs, and other United Nations staff in the countries visited. Ideas and suggestions were also solicited from UNFPA staff working in other country offices. The resulting study yielded a large number of recommendations, and formed the primary basis for the transition exercise.

37. The Executive Director established thematic working groups to cover the five main transition components, plus finance, to ensure that the transition would be implemented in the shortest time possible and with the full support of UNFPA staff, particularly those working in the field. The Executive Committee reviewed the field needs assessment study in the fall of 2001, and determined that a significant number of recommendations would be implemented directly by management, while those requiring further work would become the focus of the working groups, which became operational in September. Each working group was composed of at least 50 per cent field staff and was assisted by external consultants. The groups focused on the recommendations of the field needs assessment study and drew on work already completed in headquarters in the preceding three years. The Fund's intranet was configured to allow all staff, in headquarters and in the field, to participate. By year-end, each transition working group had convened at least one face-to-face workshop with field and headquarters colleagues to assess the situation under their review, identify core issues, and develop a comprehensive work plan. A small team working directly with the Executive Director was given responsibility for overall management of the transition exercise and for providing necessary support to the working groups.

Strategic direction

38. The strategic direction working group focused on a situational analysis of the environment in which UNFPA works and ways to institutionalize strategic thinking into the daily work of all UNFPA staff. The team completed a situational analysis based on: (a) global trends and issues and their implications for the Fund; (b) external stakeholders' perceptions of UNFPA; and (c) issues of organizational effectiveness as they relate to strategic thinking and planning. As part of this analysis, the working group organized a series of panel discussions with external experts. One of these was the panel on culture and religion held at the United Nations Secretariat on 8 November (see para. 10). Another panel discussion involving external experts was held at UNFPA headquarters on 12-13 November, on the issue of global trends and their implications for the work of UNFPA. Panel topics included HIV/AIDS prevention and policy, health systems and health care reform, reproductive health and rights, population and development strategies, and a panel on human rights, ethics, reproductive law and policy. The two-day event was broadcast live on the intranet to allow field offices to participate. A draft strategic assessment highlighting critical issues, challenges and options facing the

Fund served as the basis for staff consultations. This assessment included recommendations for how to increase the impact of UNFPA programmes with regard to the achievement of ICPD goals and relevant Millennium Development Goals.

Organizational realignment

39. The needs of country offices were the primary focus of plans to realign the Fund's organizational functions and structure. Three major outputs were produced by the working group in 2001. The first was a draft country office terms of reference. The second was a draft country office typology, designed to provide a coherent system for planning and matching staff strength and office size and to ensure that the functions and roles of offices reflect local development situations. The third was a paper outlining the distribution of functions at headquarters and among CSTs. This analysis will form the basis for realigning of headquarters functions as well as determining the support needs of the field. In early 2002, the working group completed a review of UNFPA workflows in the country programme process, and the policy and guideline development process. Similar workflow analyses were planned for other organizational units, to complement the work already conducted on functional analysis and realignment.

Human resources

40. Transition activities in the area of human resources were managed by two separate working groups, dedicated to strategy and training, respectively. The human resources strategy working group prepared a timetable of outputs to be delivered in 2002, including: (a) a framework for a new human resources strategy, guiding principles and key elements; (b) policies, practices and systems required to support the strategy; and (c) a final human resources strategy, including an implementation plan and an analysis of financial implications, to be submitted to the Executive Board at its Second Regular Session in 2002. The working group also began to address other issues identified as priorities in the field needs assessment study, such as the review and simplification of UNFPA contractual arrangements, and a review of the Fund's internal recruitment processes and procedures.

41. The working group for human resources training looked at ways to transform the Fund's culture of training into a culture of learning. The group identified country training priorities in 2002 based largely on the draft country office terms of reference and the field needs assessment study, and began working to develop a new training and learning strategy as part of the new human resources development strategy.

Knowledge sharing and communications

42. In collaboration with UNDP and UNICEF, significant progress was made in improving connectivity of country offices through the upgrading of Internet and intranet services. The working group, supported by a leading knowledge sharing consulting firm, began its work in 2001 by focusing on how to adapt the culture of UNFPA to better synthesize and share knowledge and lessons learned.

The group developed a strategy proposal, completed in February 2002, focusing on three key elements: (a) how to maximize staff participation; (b) how to revise the Fund's internal instruments and processes to facilitate the capture, packaging and dissemination of information to users; and (c) technologies to facilitate communication among country offices and between headquarters and the field. The working group also planned a number of pilot activities, aimed at implementing the strategy through the development of select knowledge assets, to be concluded by November 2002.

External image

43. The image working group explored ways to promote the Fund among key segments of the global community and increase visibility of its mission and activities. In 2001, the group focused on how to develop a new organizational identity for UNFPA, recognizing that the Fund must do more to market itself to mobilize support for its themes and its work. Research was carried out to establish the level of stakeholder awareness of UNFPA issues and identity. Different identity options were to be presented to the Executive Committee by May 2002, and a plan for introducing the updated image was to be put into action by year-end.

Finance

44. Although not funded as a component of the transition process, a working group on finance also began work in 2001 on critical issues and procedures with the potential to reduce the workload of country offices and to improve financial planning, implementation and monitoring. These improvements would provide a basis for increasing decentralization to country offices. Issues addressed included clarification of local procurement procedures, identifying and resolving areas where procurement procedures differ with those of UNDP, and establishing national officer finance posts.

2002 and beyond

45. Following the completion of outputs of most of the working groups by April, the Fund designated 2002 as the year for implementing and testing the new strategies and systems developed by the working groups. Transition outputs planned for 2002 included: a positioning statement defining a common strategic direction for achieving greater progress with regard to the ICPD Programme of Action; finalization of a new human resources development strategy; the piloting and implementation of new strategies for knowledge sharing; the introduction of more streamlined administrative and financial systems for simpler and more reliable monitoring; and the launch of a new organizational identity to ensure that UNFPA becomes better known for its work and to counter harmful misinformation. These changes are expected to enhance the Fund's institutional capacity and its mechanisms for anticipating new challenges and opportunities so that resources can be managed more effectively. The transition exercise is to conclude in December 2002 with a final report on its achievements and on the implementation of the recommendations of the field needs assessment study.

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REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: STATISTICAL OVERVIEW*

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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UNFPA IN 2001:

PROGRAMME AND FINANCIAL HIGHLIGHTS[1]

Pledges and contributions

- Regular income (provisional) in 2001 totalled $268.7 million, an increase of 1.8 per cent compared to the 2000 income of $264 million. This includes $258.3 million for voluntary contributions, $9.8 million for interest receivable and other contributions of $0.6 million.

- Pledges to UNFPA's general resources in 2001 totalled $258.3 million from donor Governments and a private contribution from the Mars Trust, $1.7 million more than in 2000, an increase of 0.7 per cent. At year's end, cumulative pledges through 2001 totalled about $5.1 billion from a cumulative total of 175 donors. The number of donors in 2001 totalled 121, composed of 120 donor Governments and the Mars Trust.

- Other contributions (provisional) of $123.5 million were provided through other funds (trust funds and cost-sharing programme arrangements) as follows: $109.6 million (trust funds) and $12.5 million (cost-sharing) and $1.4 million (other restricted funds). The additional contribution of $123.5 million is an increase of approximately 19 per cent compared to $103.4 million in 2000.[2] Thus, the total income for other resources on trust fund and cost-sharing programme arrangements is $127.8 million, which also includes interest receivable of $4.1 million and other income of $0.2 million.

- Total regular and other income in 2001 (provisional) was $396.5 million. This amount does not include funds received toward procurement services on behalf of other organizations.

Expenditures

- Project expenditures in 2001 totalled $171.7 million, as compared to $127.5 million in 2000. The 2001 figure includes $144.0 million for country programmes, compared to $110.5 million in 2000; and $27.7 million for intercountry (regional and interregional) programmes, compared to $17.0 million for 2000.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were $17.7 million. Administrative and operational services (AOS) costs amounted to $5.0 million.

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[1] All figures for 2001 used in both the text and the tables in this report are provisional.
[2] This excludes reimbursable procurement income of $39.7 million.

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- For expenditures in 2001 by major function, by geographical area, and by country category, see data on pages 4-10.

Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups, and decision 2000/19 updated the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 19-21 per cent; Group C, 7-9 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 1.5 per cent. (For a list of countries by group, see page 11).

- The breakdown of resources expended for country programmes and projects in 2001, by group, is as follows: Group A, 68.1 per cent; Group B, 19.0 per cent; Group C, 7.2 per cent; countries with economies in transition, 4.7 per cent; and other countries and territories, 1.0 per cent.

- Total expenditures in 2001 to Group A countries amounted to $98.1 million, compared to $72.3 million in expenditures in 2000.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled $27.7 million in 2001, compared to $17.0 million in 2000. By category of activity, these expenditures were: regional, $8.4 million in 2001, compared to $5.8 million in 2000; interregional, $19.3 million in 2001, compared to $11.2 million in 2000.

- Intercountry programmes accounted for 16.1 per cent of total project expenditures in 2001, compared to 13.3 per cent in 2000.

Personnel

- As of 1 January 2001, the total number of authorized budget posts numbered 1,018, comprising 364 Professional (including 170 national programme officers) and 654 General Service staff. These include 103 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 259 Professional and 517 local General Service posts in the field.

- The percentage of women among UNFPA's Professional staff at headquarters and in the field was 50 per cent in 2001, one of the highest percentages among United Nations agencies and organizations. Moreover, 8 of the 15 members of the Fund's Executive Committee are women.

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UNFPA PROGRAMME IN 2000 AND 2001 AT A GLANCE
(Expenditures)*

UNFPA ASSISTANCE BY MAJOR FUNCTION

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
Reproductive health/family planning	81.2	119.2	63.7	69.5
Population and development strategies	29.6	34.2	23.2	19.9
Advocacy	11.5	16.0	9.0	9.3
Multisector	5.2	2.3	4.1	1.3
Total	127.5	171.7	100.0	100.0
UNFPA ASSISTANCE BY GEOGRAPHICAL REGION				
Africa (Sub-Saharan)	42.7	57.0	33.6	33.2
Arab States and Europe	17.4	22.6	13.6	13.2
Asia and the Pacific	41.5	55.9	32.5	32.6
Latin America and the Caribbean	14.8	16.9	11.6	9.8
Interregional and Global	11.1	19.3	8.7	11.2
Total	127.5	171.7	100.0	100.0
UNFPA ASSISTANCE BY COUNTRY/INTERCOUNTRY CATEGORY				
Country	110.5	144.0	86.7	83.9
Intercountry	17.0	27.7	13.3	16.1
Total	127.5	171.7	100.0	100.0

*All data for 2001 used throughout these tables are provisional.

UNFPA PROGRAMME IN 2000 AND 2001 AT A GLANCE (Cont'd)

COUNTRY ACTIVITIES BY GROUP

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
A	72.3	98.1	65.4	68.1
B	24.8	27.4	22.4	19.0
C	6.7	10.3	6.1	7.2
Economies in transition	4.7	6.7	4.3	4.7
Other countries	2.0	1.5	1.8	1.0
Total	110.5	144.0	100.0	100.0
UNFPA ASSISTANCE BY EXECUTING AGENCY				
Government-executed projects	46.0	63.7	36.1	37.0
United Nations agencies	9.2	8.5	7.2	5.0
UNFPA [a/]	49.7	79.3	39.0	46.2
Non-governmental organizations	22.6	20.2	17.7	11.8
Total	127.5	171.7	100.0	100.0

[a/] Includes assistance to procurement for government projects of $14.6 million (2000 $14.7 million).

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UNFPA EXPENDITURES FOR 2000 AND 2001, BY REGION

AFRICA (SUB-SAHARAN)

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
By major sector				
Reproductive health/family planning	27.1	40.0	63.5	70.2
Population and development strategies	11.5	14.3	26.9	25.1
Advocacy	2.7	2.2	6.3	3.9
Multisector	1.4	0.5	3.3	0.9
Total	42.7	57.0	100.0	100.1
COUNTRY ACTIVITIES BY GROUP				
A	37.6	53.3	94.6	96.3
B	1.9	1.7	4.8	3.1
C	0.1	0.2	0.3	0.4
Other countries	0.1	0.1	0.3	0.2
Total country activities	39.7	55.3	100.0	100.0
Country activities	39.7	55.3	93.0	97.0
Regional activities	3.0	1.7	7.0	3.0
Total region	42.7	57.0	100.0	100.0

UNFPA EXPENDITURES FOR 2000 AND 2001, BY REGION (Cont'd)

ARAB STATES AND EUROPE

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
By major sector				
Reproductive health/family planning	11.9	17.3	68.4	76.5
Population and development strategies	3.8	3.7	21.8	16.4
Advocacy	0.8	0.9	4.6	4.0
Multisector	0.9	0.7	5.2	3.1
Total	17.4	22.6	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	7.1	7.0	43.3	32.8
B	4.5	6.3	27.4	29.4
C	-	1.4	-	6.5
Economies in transition	4.8	6.7	29.3	31.3
Total country activities	16.4	21.4	100.0	100.0
Country activities	16.4	21.4	94.3	94.7
Regional activities	1.0	1.2	5.7	5.3
Total region	17.4	22.6	100.0	100.0

UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION (Cont'd)

ASIA AND THE PACIFIC

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
By major sector				
Reproductive health/family planning	29.6	43.0	71.3	77.0
Population and development strategies	7.2	8.3	17.3	14.8
Advocacy	3.3	4.1	8.0	7.3
Multisector	1.4	0.5	3.4	0.9
Total	41.5	55.9	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	25.3	35.3	62.0	68.1
B	9.3	10.5	22.8	20.3
C	5.2	5.8	12.7	11.2
Other countries	1.0	0.2	2.5	0.4
Total country activities	40.8	51.8	100.0	100.0
Country activities	40.8	51.8	98.3	92.7
Regional activities	0.7	4.1	1.7	7.3
Total region	41.5	55.9	100.0	100.0

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UNFPA EXPENDITURES FOR 2000 AND 2001, BY REGION (Cont'd)

LATIN AMERICA AND THE CARIBBEAN

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
By major sector				
Reproductive health/family planning	8.7	12.2	58.7	72.2
Population and development strategies	3.8	3.7	25.7	21.9
Advocacy	1.0	0.8	6.8	4.7
Multisector	1.3	0.2	8.8	1.2
Total	14.8	[illegible]	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
A	2.4	2.5	17.5	16.1
B	9.0	8.9	65.7	57.4
C	1.4	2.9	10.2	18.7
Other countries	0.9	1.2	6.6	7.7
Total country activities	13.7	15.5	100.0	99.9
Country activities	13.7	15.5	92.7	91.7
Regional activities	1.1	1.4	7.3	8.3
Total region	14.8	16.9	100.0	100.0

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UNFPA EXPENDITURES FOR 2000 AND 2001, BY REGION (Cont'd)

INTERREGIONAL AND GLOBAL

	US$ millions		Percentage	
	2000	**2001**	**2000**	**2001**
By major sector				
Reproductive health/family planning	3.8	6.7	34.3	34.6
Population and development strategies	3.0	4.2	27.0	21.8
Advocacy	3.9	8.0	35.1	41.5
Multisector	0.4	0.4	3.6	2.1
Total	11.1	19.3	100.0	100.0

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Country Classification 2001-2005

Group A (62)

Africa
Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Rep.
Chad
Comoros
Congo
Congo, Dem. Rep.
Cote d'Ivoire
Equa. Guinea
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mozambique
Niger
Nigeria
Rwanda
Sao Tome & Prin.
Senegal
Sierra Leone
Tanzania, United Rep.
Togo
Uganda
Zambia
Zimbabwe

Arab States/Europe
Djibouti
Occupied Palestinian Territory
Somalia
Sudan
Yemen

Asia/Pacific
Afghanistan
Bangladesh
Bhutan
Cambodia
East Timor
India
Kiribati
Lao People's Democratic Rep.
Maldives
Myanmar
Nepal
Pakistan
Papua New Guinea
Samoa
Solomon Islands
Tuvalu
Vanuatu

Latin America/ Caribbean
Haiti
Honduras

Group B (27)

Africa
Botswana
Gabon
Namibia
South Africa
Swaziland

Arab States/Europe
Algeria
Egypt
Iraq
Morocco
Syrian Arab Rep.

Asia/Pacific
Indonesia
Mongolia
Philippines
Thailand
Viet Nam

Latin America/Caribbean
Belize
Bolivia
Ecuador
El Salvador
Guatemala
Guyana
Mexico
Nicaragua
Paraguay
Peru
St. Lucia
Venezuela

Group C (20)

Africa
Mauritius

Asia/Pacific
China
Fiji
Korea, Dem. People's Rep.
Iran, Islamic Rep. of
Malaysia
Sri Lanka

Latin America/ Caribbean
Chile
Colombia
Costa Rica
Cuba
Dominican Republic
Jamaica
Panama
Suriname
Trinidad & Tobago

Arab States/Europe
Jordan
Lebanon
Tunisia
Turkey

Countries with Economies in Transition (27)

Arab States/Europe and Central Asia
Albania
Armenia
Azerbaijan
Belarus
Bosnia-Her.
Bulgaria
Croatia
Czech Rep.
Estonia
Georgia
Hungary
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Macedonia, former Yug. Rep.
Moldova, Rep.
Poland
Romania
Russian Federation
Slovakia
Slovenia
Tajikistan
Turkmenistan
Ukraine
Uzbekistan
Yugoslavia

Other Countries and Territories (41)

Africa
Seychelles
St. Helena

Arab States/Europe
Bahrain
Cyprus
Kuwait
Libyan Arab Jama.
Malta
Oman
Qatar
Saudi Arabia
United Arab Emir.

Asia/Pacific
Brunei Darussalam
Cook Islands
Hong Kong #
Marshall Islands
Micronesia, Fed. States
Nauru
Niue
Korea, Rep.
Singapore
Tokelau
Tonga
Palau

Latin America/Caribbean
Anguilla
Antigua & Barbuda
Argentina
Aruba
Bahamas
Barbados
Bermuda
British Virgin Isl.
Brazil
Cayman Islands
Dominica
Grenada
Montserrat
Netherlands Antilles
St. Kitts & Nevis
St. Vincent & Grenadines
Turks & Caicos
Uruguay

On 1 July 1997, Hong Kong became a Special Administrative Region of China.

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UNITED NATIONS POPULATION FUND

REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: THE MULTI-YEAR FUNDING FRAMEWORK*

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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EXECUTIVE SUMMARY

1. This is the second report on the implementation of the UNFPA multi-year funding framework (MYFF). It reviews the Fund's key contributions in assisting countries to achieve International Conference on Population and Development (ICPD) goals and the Millennium Development Goals (MDGs). Three of the eight MDGs form an integral part of the MYFF: improve maternal health; combat HIV/AIDS; and promote gender equality and empower women. A fourth, to reduce child mortality, is implicit in the other three. Clearly, achieving these four MDGs is integral to the MYFF reproductive health goal.

2. The MYFF has two central components: a results framework and an integrated resources framework. The results framework sets out three long-term goals for UNFPA: (a) all couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life; (b) there is a balance between population dynamics and social and economic development; and (c) gender equality and empowerment of women are achieved. The MYFF specifies outputs for each of these goals, provides indicators to measure progress, and identifies the strategies by which resources are deployed to achieve results. The integrated resources framework provides the basis for UNFPA efforts to mobilize the financial resources that are needed to achieve those results.

3. Results framework. The report is based on information provided in annual reports from all UNFPA units. It gives evidence of progress made by the Fund in 2001 in attaining MYFF results and analyses progress registered by countries for six outputs enumerated in Chart 1 and the annex. It also analyses the effectiveness of the four principal and mutually reinforcing strategies that are used to attain these results – advocacy; strengthening national capacity; building and using a knowledge base; and promoting, strengthening and coordinating partnerships.

4. The Fund chose to base the reporting on actual data available at the country level rather than on a self-assessment. Data availability has improved, with an increased number of countries establishing baselines for new country programmes, tracking down available data, and working with national partners and other development agencies to establish new data sources. Despite this progress, there are still problems with the availability, accuracy and comparability of data, and many country offices find it difficult to report progress on an annual basis. The data also vary according to output. Data for reproductive health outputs are generally more readily available than data for population and development outputs. Data for gender outputs are particularly hard to come by.

5. The annex to the report provides a wealth of analytical information and *should be read as an integral part of the report*. Specifically, the annex provides, in tabular form, a rich analysis of the key activities, achievements, and constraints and lessons learned for each MYFF output.

6. Resources framework. The report gives an update of the income estimates for the period 2000-2003, as well as how these resources will be utilized and distributed. It documents the declining share of regular resources and the increasing share of other resources, a trend that heightens the unpredictability of funding available for implementing country programmes and achieving results. The report shows the effect the decline in resources could have on UNFPA programming.

7. Managing for results. A survey among UNFPA country offices shows that there has been a discernible move towards building a culture of results-oriented performance within the Fund and with national partners. The report shows increased capacity in programme management and improved partnership with national counterparts at all stages of programming. There is still considerable progress to be made, especially in strengthening strategic planning, monitoring and evaluation. The Fund has identified barriers to information and financial resource management and launched new initiatives to improve information sharing and financial monitoring. In 2001, UNFPA began a transition process. Its central components are to develop a common strategic direction and to build the organization's capacity to think and plan strategically. It recognizes that the development of a new human resources strategy and improved competencies will be crucial to achieving MYFF results.

8. Key considerations. The report concludes with a review of key considerations for the future implementation of the MYFF. The focus on partnerships to achieve shared results in the context of country-led policy and planning frameworks may in some circumstances lead to greater emphasis on joint outcomes, rather than on individual agency outputs, and to some modification of the MYFF framework. The successful implementation of the MYFF and ICPD Programme of Action will also require more attention to the cultural context in which the Fund works, including consolidated efforts to increase gender equality and women's empowerment. While the MYFF has been a catalyst in improving results-based management in the Fund, there is still a long way to go. A major challenge that must be addressed by UNFPA and all of its partners is the serious lack of adequate and reliable data and effective data management at all levels. Also, the MYFF has not increased core resources and only partially succeeded in attracting multi-year pledges, both of which were *the* main purposes of the MYFF as set forth in decision 98/24. This is an issue that UNFPA requests the Executive Board to urgently address, as it will be impossible to achieve progress towards expected results without an increase in resources, and in particular in core resources.

I. INTRODUCTION

9. This report has been prepared in response to Executive Board decision 2000/9. It reviews the Fund's key contributions in assisting countries to achieve ICPD goals and the MDGs. Section II presents progress made by UNFPA in 2001 in achieving MYFF goals and outputs, and analyses the strategies used to achieve them. This section consists of two subsections: the results

framework; and the integrated resources framework. Section III focuses on managing for results and highlights efforts undertaken in the areas of programme management; information management; financial resources management; and human resources management. Section IV delineates key considerations for future implementation of the MYFF. The annex provides, in tabular form, an analysis of the key activities, outputs, and constraints and lessons learned for each MYFF output.

II. IMPLEMENTING THE MYFF

A. Results framework

10. This section presents the progress made by the Fund in 2001 towards the achievement of MYFF goals and outputs, and analyses the strategies used to achieve them. Based on the 2000 MYFF situation analysis, the Fund adjusted the MYFF results framework to more accurately capture its support in programme countries. Two goal indicators – *contraceptive prevalence rate* and *proportion of population whose income is less than $1 a day* – were added to reflect UNFPA contribution to the MDGs and ICPD goals. The revisions are shown in italics in the MYFF results framework in chart 1. Eight of the MYFF goal-level indicators correspond to the MDG indicators, as shown in chart 1. UNFPA is using international sources, where available, to monitor goal level indicators. The sources are the same as for MDG indicators, when in common with the MYFF (see also last year's MYFF report, document DP/FPA/2001/4/Part II, particularly annex 1, which provides benchmarks and international sources).

11. The MYFF outputs are the most common outputs of UNFPA country programmes. They are not meant to be exhaustive, but to leave countries the flexibility to respond to national priorities and to new situations and opportunities as they arise. This means that the following analysis of MYFF outputs and indicators does not include all the deliverables of UNFPA country programmes, although the 13 new country programmes beginning in 2001 were in general accord with the MYFF framework. Despite a marked improvement in data availability for most MYFF output indicators as evidenced by the increase in the number of countries reporting on them, the number of new baselines and new data sources and methodologies for data collection, the lack of reliable and timely data continues to hinder the monitoring of many indicators. UNFPA will continue to invest in this area, with the consideration that monitoring efforts should strengthen national data systems, rather than create parallel and non-sustainable tracking systems useful only for the Fund's reporting.

Goal 1. All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

12. Income poverty is a determinant of other aspects of poverty, such as lack of reproductive choice, malnutrition, communicable diseases, and inadequate access to education and reproductive health information and care. Poor reproductive health, including early and

Chart 1 - MYFF 2000-2003 Results Framework* — UNFPA Goals, Outputs, Indicators and Strategies

Goals	Goal Indicators[1]	Outputs	Output indicators[2]
(1) All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life	Unmet need for family planning *Contraceptive prevalence rate* **Maternal mortality ratio** **Proportion of births assisted by skilled attendants** Adolescent fertility rate[3] **HIV prevalence in persons aged 15-24[4]** **Infant mortality rate** National mechanisms to monitor and reduce sexual violence	(i) Increased availability of comprehensive reproductive health services	(a) Percentage of service delivery points (SDPs) offering at least three of the following reproductive health services: - Modern family planning methods; - Maternal health, assisted delivery, and essential and emergency obstetric care; - Prevention and management of RTIs, including STIs, and prevention of HIV/AIDS; - Management of the consequences and complications of unsafe abortion; - Information, education and counselling on human sexuality and reproductive health, including family planning (b) Percentage of SDPs offering information, education, counselling and services to adolescents[5]
		(ii) Improved quality of reproductive health services	(a) Percentage of SDPs offering at least three modern methods of contraception (b) Percentage of SDPs providing quality RH services in accordance with established protocols[6]
		(iii) Improved environment for addressing practices that are harmful to women's health	(a) National policy in place to address harmful practices
(2) There is a balance between population dynamics and social and economic development	(a) *Proportion of population whose income is less than $1 a day* (b) Life expectancy at birth by sex (c) Annual population growth and GNP per capita growth rates	(iv) National development plan and sectoral plans in line with ICPD Programme of Action	(a) Intersectoral mechanisms to review development and sectoral plans (b) Number of government officials who have attended learning programmes addressing gender issues
		(v) Increased availability of sex-disaggregated population related data	(a) National database of sex-disaggregated population-related data, with plans to update at regular intervals
(3) Gender equality and empowerment of women are achieved	(a) **Gender gap in net enrolment rates at the primary and secondary level** (b) Adult female literacy rate (c) **Proportion of women parliamentarians**	(vi) Increased information on gender issues	(a) Percentage of primary and secondary schools that have adopted gender-sensitive RH curricula (b) Number of information materials on gender issues targeted specifically to men
Strategies Advocacy - Strengthening National Capacity - Building and Using a Knowledge Base - Promoting, Strengthening and Coordinating Partnerships			

* Revised to take account of the MYFF Situation Analysis (shown in italics) and to indicate relevant Millenium Development Goal and Indicators (shown in bold)

[1] For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
[2] For the purpose of MYFF reporting, the number of countries in which some positive movement in the variables occurred will be reported.
[3] United Nations Population Division data on the number of births per 1,000 women aged 15-19 will be used.
[4] UNAIDS data on HIV prevalence in 15-24 year old pregnant women will be used.
[5] Older adolescents between the age of 15-19.
[6] Protocols include minimum standards developed in partnership with WHO.

unwanted pregnancies, childbirth-related disabilities, sexually transmitted infections (STIs), including HIV/AIDS, and the consequences of unsafe abortion can also lead to impoverishment, and trap women into a cycle of poverty. Better health is a central factor in economic growth. This is why UNFPA invests more than two thirds of its resources towards improvement of reproductive health.

13. The Fund's contribution in helping countries to achieve this goal focuses on the following:

(a) Meeting unmet need for family planning. UNFPA is taking a leading role in supporting the development of strategies to ensure global and national reproductive health commodity security. The one-time extra-budgetary $80 million contribution from the Netherlands, the United Kingdom and Canada for reproductive health commodities contributed significantly in 2001 towards improving reproductive health commodity security;

(b) Reducing maternal mortality. UNFPA gives high priority to the reduction of maternal mortality through support to meeting the unmet need for family planning; having skilled attendance and functioning referral systems available to all women; and ensuring timely emergency obstetric care;

(c) Promoting adolescent reproductive and sexual health. UNFPA interventions support reproductive health information and services to prevent unwanted and early pregnancies and STIs, including HIV/AIDS, and to encourage adolescents, especially girls, to participate in decisions which affect their lives;

(d) Preventing HIV/AIDS. The Fund's HIV/AIDS strategy focuses on support to preventing the sexual transmission of HIV through promoting safe sexual behaviour among young people, including abstinence and delayed age of sexual activity; improving access to male and female condoms; and preventing HIV infection among pregnant women and its transmission to children and partners;

(e) Reducing violence against women. The Fund's support for reducing violence against women includes strengthening legal services, community-based interventions and care for abused women; advocacy for law and policy reform; and counselling, reproductive health services, and building life skills for survivors of violence.

Parliamentarians Against Violence

The Asian Forum of Parliamentarians on Population and Development made a major move towards creating an enabling environment for eliminating violence against women (VAW) in East and South-East Asia and the Pacific by organizing, together with UNFPA, a workshop on Parliamentary Advocacy for the Elimination of Violence Against Women in June 2001. Parliamentarians from 14 countries presented evidence of VAW at the family, community and state level, including physical and emotional assault and threats, rape, incest, reproductive coercion, food and medical care deprivation, confinement, forced and early marriage, trafficking, and prostitution. They also suggested legal measures for addressing VAW and follow-up actions that take into consideration the social and cultural milieu that underpins this violence, and constrains efforts to prevent it. It was agreed that the elimination of VAW should be an integral part of the human rights and gender equality agenda in the region.

14. Goal 1 outputs. The MYFF captures three principal outputs related to this goal: (a) increased availability of comprehensive reproductive health services, (b) improved quality of reproductive health services, and (c) improved environment for addressing practices that are harmful to women's health. An illustration of strategies deployed to achieve these outputs, and an analysis of some constraints and lessons learned are provided in the annex. In the second year of the MYFF, demonstration of progress is still limited due to lack of data. The following analysis of progress is based on data provided by country offices.

Table 1 (a) – Status of baselines established for reproductive health services indicators

Output	Indicator	Number of countries that have established baselines	
		2000	2001
Increased availability of comprehensive reproductive health services	SDPs offer at least 3 RH services	45	68
	SDPs offer RH IEC and services to adolescents	23	39
Improved quality of reproductive health services	SDPs offer at least 3 modern methods of contraception	42	71
	SDPs provide quality RH services in accordance with established protocols	19	38

Table 1 (b) – Type of change in indicators for reproductive health services, 2000-2001

Output	Indicator	Number and percentage of countries that reported change in the indicators[1]			
		Positive change	No change	Negative change	Total
Increased availability of comprehensive reproductive health services	Percentage of SDPs offering at least 3 RH services	13 (39%)	14 (43%)	6 (18%)	33 (100%)
	Percentage of SDPs offering RH IEC and services to adolescents	6 (46%)	3 (23%)	4 (31%)	13 (100%)
Improved quality of reproductive health services	Percentage of SDPs offering at least 3 modern methods of contraception	6 (20%)	16 (53%)	8 (27%)	30 (100%)
	Percentage of SDPs providing quality RH services in accordance with established protocols	Insufficient data to interpret change in indicator			

Notes: Total number of countries with a country programme is 90

[1] Includes only countries that provided data for both 2000 and 2001

15. The Fund's interventions focus on increasing the availability of comprehensive reproductive health services at service delivery points (SDPs), with special attention to the needs of adolescents. Table 1 shows an increase in the number of baselines to monitor the percentage of SDPs offering at least three reproductive health services. Some countries with a positive change in this indicator reported a growing national commitment to prioritize reproductive health issues, such as the prevention of maternal deaths, and STIs/HIV/AIDS, especially in sub-Saharan Africa. Other countries pointed to expansion of services, including community-based reproductive health services, to the poor and to groups affected by conflict or natural disasters.

Countries recording no change were mainly those that were sustaining the percentage of service delivery points offering at least three reproductive health services. Rapid turnover and the concentration of health workers in urban centres often impede progress, despite capacity-building investments. A few countries, such as the Central African Republic, reported negative changes in this indicator due to progressive erosion of political, social and economic conditions, while in the case of other countries these were due to changes in data sources as countries sought to improve data reliability and periodicity.

16. The Fund made special efforts to improve adolescent sexual and reproductive health in 2001, primarily through country programmes as well as through intercountry interventions such as the European Commission/UNFPA Initiative for Reproductive Health in Asia, and the African Youth Alliance initiative. Table 1 shows that there has been an increase in the percentage of SDPs offering information, education, counselling and services to adolescents between the ages of 15 and 19, but the small data set does not lend itself to a meaningful analysis of change in this indicator. The need to provide adolescent reproductive health services is still not well established in some countries, and access remains difficult. Many SDPs do not provide all components of information, education, counselling and services covered by this indicator. Countries used various adolescent outreach strategies, such as peer education, workplace education and formal education channels. They also supported the development of specially targeted IEC materials for awareness raising among mass media, religious and political leaders, and partnership with churches to increase support for adolescent reproductive health.

17. In 2001, under a project funded by the United Nations Foundation, UNFPA collaborated with other United Nations agencies, including WHO, UNICEF and ILO, to develop a framework for improving the quality of reproductive health care. This emphasized participatory approaches in creating greater user awareness of reproductive health and rights, and working with providers to make reproductive health services more responsive to users' needs. The Fund gives high priority to ensuring the widest possible range of effective, affordable and accessible contraceptives. The increased number of countries that have established baselines will enable the percentage of SDPs that provide at least three modern methods of contraception to be more closely monitored in future years. Where countries reported negative changes in this indicator, these are mostly attributed to stock outs due to weak logistics management, political instability, and security issues, or a change in data sources. In 2001, the Fund spearheaded the development of a common framework for assessing national capacity to meet reproductive health commodity needs. A series of workshops developed national strategies on supply management, including training, quality assurance and logistics management instruments. This strengthened the response of national logistics policies and systems to demands for contraceptive choice.

18. Good operational policies are crucial to effective service delivery. The number of baselines established for monitoring the percentage of SDPs providing quality reproductive health services in accordance with established protocols increased in 2001. The revision of

integrated reproductive health protocols and the training of service providers in their use enhanced the quality of care. There is still much room for improvement as some countries report that protocols exist, but are not yet in systematic use. In other countries, for example Cameroon, UNFPA took the lead in supporting a minimum set of services to improve the quality of reproductive health care.

19. Although a number of countries took important steps in 2001 to improve the environment for addressing practices that are harmful to women's health, the violation of women's basic rights continues to be a major concern in countries in all regions.

Table 2 – Number of countries reporting existence of, or progress towards establishing, national policy to address practices harmful to women's health

Output	Output indicator	2000	2001	Number of countries developing a policy
Improved environment for addressing practices harmful to women's health	National policy in place to address harmful practices	14	30	7

Notes: Total number of countries with a country programme is 90

20. An increasing number of countries reported the existence of a national policy that promoted women's rights, security or health, as shown in table 2 above. This is the result of advocacy and partnership with cultural, religious and legal gatekeepers to ensure the strengthening of cultural, legal and social norms that do not tolerate abuse of women, and protect and promote women's fundamental human right not to suffer violence. In Kenya, for example, partnerships with United Nations agencies facilitated the implementation and enforcement of a National Plan of Action against the elimination of female genital cutting. To help implement such policies globally, the Fund issued a guide for health care workers to address gender-based violence. Further support for the generation and dissemination of data on violence, and its effects on reproductive health, will help to promote evidence-based policies and programmes and to monitor progress.

Goal 2: There is a balance between population dynamics and social and economic development

21. The global emphasis on poverty reduction makes it imperative for UNFPA to build on its comparative advantage and play a lead role in supporting the analysis of population trends and their implications for social and economic development. UNFPA has a crucial contribution to make in building national capacity to use the resources and tools of the population sciences, including population research, data collection and analysis for: (a) defining unmet needs and demands, especially of the poor; (b) updating population and development trends, including changes in population age structure and distribution; (c) promoting evidence-based advocacy, public awareness and education; and (d) informing the design, monitoring, evaluation and analysis of national and local policies and plans and instruments to alleviate poverty. The complex interrelationship between population dynamics, the environment, social and economic

development, and poverty reduction requires attention not only to population growth, structure and distribution, but also to issues such as women's empowerment, the right to reproductive choice, and the participation of the poor in decision-making.

22. Goal 2 outputs. In 2001, UNFPA allocated about 17 per cent of regular resources for initiatives to ensure that national development plans and sectoral plans are in line with the ICPD Programme of Action, and to increase the availability of sex disaggregated population-related data.

Table 3 – Number of country offices reporting existence of, or progress towards establishing, intersectoral mechanism to review national and sectoral plans

Output	Output indicator	2000	2001	Number of countries developing mechanism
National development plan and sectoral plans in line with ICPD PoA	Intersectoral mechanism to review national and sectoral plans	21	37	8

Notes: Total number of countries with a country programme is 90.

23. During the year, progress was made towards integrating the ICPD Programme of Action into the development of national and sectoral plans as shown in table 3 above, including targeting demographic factors that contribute to a balance between population and social and economic development, and highlighting the impact of reproductive health dimensions, including HIV/AIDS, on development and poverty reduction. Some country offices have supported the development of intersectoral mechanisms at the municipal or provincial level, within the context of decentralization. Other achievements include formulation of national plans of action for the implementation of population policies, and support to government/NGO coordination mechanisms. Sub-Saharan Africa has the lowest percentage of intersectoral mechanisms in place, while they are reported to exist in about half of the countries in the Arab States and Europe region, and Latin America and the Caribbean region. The frameworks for development assistance, including poverty reduction strategy papers (PRSPs), sector-wide approaches (SWAps), and United Nations Development Assistance Framework (UNDAF), provide excellent opportunities for UNFPA to establish partnerships with a wide range of development actors, and to be proactive in integrating population and reproductive health dimensions into national policies and plans, and into the monitoring of the MDGs.

Table 4 (a) – Status of baselines for indicator of the number of government officials who have attended learning programmes addressing gender issues

Output	Indicator	Number of countries that have established baselines	
		2000	2001
National development plan and sectoral plans in line with ICPD PoA	Number of government officials who have attended learning programmes addressing gender issues	15	42

Table 4 (b) – Type of change in the number of government officials who have attended learning programmes addressing gender issues, 2000-2001

Output	Indicator	Number and percentage of countries that reported change in the indicator[1]			
		Positive change	No change	Negative change	Total
National development plan and sectoral plans in line with ICPD PoA	Number of government officials who have attended learning programmes addressing gender issues	4 (45%)	2 (22%)	3 (33%)	9 (100%)

Notes: Total number of country offices with a country programme is 90.
[1] Includes only countries that provided data for both 2000 and 2001.

24. The integration of gender dimensions into planning at various levels of government is a high priority for the Fund. UNFPA has invested in building government capacity in gender analysis with the aim of increasing the emphasis on gender equity and gender perspectives in national development plans and poverty reduction strategies. As shown in table 4, an increasing number of countries reported on the number of government officials who have attended learning programmes addressing gender issues. The Fund recognizes that, while there is a logical link between increased capacity and improved performance, this is essentially an activity-level indicator, and UNFPA will continue to try to identify an indicator that more accurately reflects the expected output, a more gender-responsive planning process.

Table 5 – Number of country offices reporting existence of, or progress towards establishing, national population-related database

Output	Output indicator	2000	2001	Number of countries developing database
Increased availability of sex-disaggregated population-related data	National database of sex-disaggregated population-related data, with plans for update	14	33	8

Notes: Total number of countries with a country programme is 90.
Of the national databases reported to exist, almost 95% planned to be updated at regular intervals.

25. UNFPA has accumulated extensive experience in supporting initiatives to ensure increased availability of sex-disaggregated population-related data that provide gender-sensitive information on the linkages between population dynamics, including migration and age structure, and social and economic development. The Fund's leadership in mobilizing support for population censuses was recognized at the International Expert Group Meeting on population censuses last November. At the country level, the Fund assisted countries in analyzing age, gender and socio-cultural differentials in poverty-affected populations, and in improving the coverage and quality of reproductive health information systems. Some national partners have used sex-disaggregated data to identify the effects of harmful social practices on women and girls. Table 5 shows that more than half of responding countries reported the existence of national sex-disaggregated databases in 2001, while several others reported that they were being developed. The increasing availability of sex-disaggregated population-related data is essential

to ensure that national policies and plans address gender bias, and are able to monitor t differential impact of interventions on men and women.

Goal 3: Gender equality and empowerment of women are achieved

26. Gender inequality has direct consequences on poverty, women's health, education, a social and economic participation, and on keeping women and their children in a cycle poverty. Gatekeepers, such as parents, teachers, and policy makers, often discriminate agai girls in education entitlements. In some cultures, girls' rights to education are violated wh they reach adolescence and enter into early marriage, pregnancy and motherhood. UNF supports advocacy for girl education and provides assistance to develop school curricula that free from gender bias. UNFPA efforts are directed towards providing women with informati and guidance concerning their rights and equipping them with life skills to protect them fr pregnancy and childbirth-related death and disability, STIs/HIV/AIDS, disease, violence, a exploitation.

27. Goal 3 outputs. The Fund contributes to the Secretary-General's System-Wide Mediu Term Plan for the Advancement of Women 2002-2005, specifically through programm addressing reproductive health, adolescents and HIV/AIDS, and violence against wom UNFPA support to build national capacity in promoting gender awareness and fostering gen equality emphasizes the essential role of information, knowledge and awareness in improv policy dialogue, and attitudinal and behavioural changes.

28. Country offices report that UNFPA continues to invest in integrating population a family life education into school curricula to provide secondary school students with the k skills to make informed reproductive health choices, and to eliminate gender stereotypes. T Fund worked with non-formal educators to increase information on sexual health and gen equality provided to out-of-school adolescents. Some countries report introducing populati and family life education at the primary level. The data reported by country offices on t percentage of primary and secondary schools that have adopted gender-sensitive reproduct health curricula, show only a few countries with baselines. This is most likely due to the high specific nature of the MYFF output indicator which does not encourage countries to report on percentage of primary and secondary schools that have adopted broader population curricu The Fund intends to study the data and, if appropriate, adjust the MYFF indicator so as to m accurately reflect UNFPA actions to increase information on gender issues.

29. Men are very often the gatekeepers to political, social and cultural change, making it critical to involve them in improving sexual and

Getting men involved, an experience with the military

Every year, approximately 20,000 young men between the ages of 17 and 21 their obligatory military service in Paraguay. Most of them come from the ru areas and small towns and have never heard the words sexual and reproducti health or gender. UNFPA has supported an initiative that reached out to 12,0 conscripts in 2001. The conscripts increased their knowledge of these issues a the officers acquired the necessary facilitating skills to sustain the training a awareness raising of future generations. The materials developed during t project were incorporated into the regular curricula of military school, where all t new officers are trained.

reproductive health and gender equality. A programming framework and guide to best practices was disseminated to country offices to support the development of initiatives that encourage men's involvement in reproductive health issues, including as partners in promoting gender equality. Few country offices reported on the number of information materials on gender issues targeted specifically to men, yet they do report on capacity-building through workshops, seminars, round-table discussions, and development of material on gender issues. A few countries, mostly in Latin America, have targeted men by sensitizing young men in the armed forces and raising their level of awareness of gender issues. Based on the response to this indicator, the Fund is examining alternative indicators that may be used to monitor progress towards increasing information on gender issues.

Strategies

30. UNFPA pursues its goals and outputs through four principal strategies: (a) advocacy; (b) strengthening national capacity; (c) building and using a knowledge base; and (d) promoting, strengthening and coordinating partnerships. An analysis of these strategies to achieve results, and of constraints and lessons learned is presented in the annex.

31. Advocacy. UNFPA worked to increase the availability and use of comprehensive reproductive health services through extending the range of advocacy efforts with political and community leaders and promoting wide dissemination of IEC materials to the public. This increased service entry points, including for those with special needs, and diversified the range of services. The Fund emphasized a demand-driven and gender-sensitive approach that addresses the special needs of youth, and prioritizes the prevention of HIV/AIDS. To improve the quality of services, UNFPA supported advocacy to increase government contributions to commodity security and ensure minimum standards of service, and to increasing demand for and monitoring of service quality. UNFPA experience has demonstrated that, in addition to technical dialogue with health administrators, there is a need to support social, legislative and policy reforms that promote reproductive health and rights in the broader effort to reduce poverty. The Fund facilitated and played an active role in forging partnerships among concerned parties and supported efforts to build alliances for constructive dialogue, a central element in improving the environment for addressing practices harmful to women. Support to building the advocacy capacity of women's organizations, involving religious and cultural gatekeepers, and opening up public dialogue between government and civil society has made a difference, notably the progress made towards eradicating female genital cutting and other types of gender-based violence. UNFPA recognizes that significant change will require long-term, sustained and multisectoral efforts.

32. The national development frameworks such as PRSPs and SWAps provide an important locus for ICPD advocacy, and UNFPA has used these and other opportunities to integrate population, reproductive health and gender issues into national and sectoral policies and plans.

These efforts can be further strengthened. Effective advocacy needs a strong evidence base, and UNFPA has encouraged governments to give greater attention to sex-disaggregated data, and raised donor support to prioritize these efforts. UNFPA has also supported community-based advocacy focusing on gender issues, but still needs to develop and mainstream more effective strategies to reach men and engage them in gender equality and women's empowerment, as individuals, parents, decision makers, and leaders. The Fund's report on the State of the World Population 2001, Footprints and Milestones: Population and Environmental Change, with its emphasis on the complex and varied links between population, environment and social development, was an important advocacy and information tool at national and global levels.

33. Strengthening national capacity. In 2001, UNFPA allocated approximately two thirds of its country programme resources to strengthening national capacity, essential for increasing the availability and quality of reproductive health services. The Fund has supported needs assessments, for example, in emergency obstetric care, to better focus its capacity-building efforts. Targeted learning programmes have strengthened those reproductive health areas where there is least expertise, and contributed to increasing national partners' outreach to vulnerable groups, such as ethnic minorities, internally displaced people, refugees and rural populations. UNFPA supported the development of a client-friendly service delivery approach in order to improve attitudes as well as technical skills in dealing with such issues as gender-based violence. Capacity-building initiatives sought to strengthen the sustainability of quality services, including a regular flow of contraceptive commodities and effective referral systems. Support to improve management skills included upgrading the capacity to design, develop and manage databases, information and surveillance systems, and building skills in gender planning and analysis. These efforts cannot always keep pace with the constant attrition of skilled personnel and, in some countries, the impact of HIV/AIDS within already weak government services had a disastrous effect on national capacity. In addition to building government capacity, the Fund also sought to strengthen the advocacy and monitoring skills of constituents, so as to increase community involvement and to represent their views on the availability and quality of the services. An in-depth evaluation of UNFPA assistance to developing capacity was conducted in 2001, as reported in DP/FPA/2002/7.

34. Building and using a knowledge base. This strategy is fundamental for UNFPA and national partners to be able to identify priorities, establish expected results, demonstrate and share success, and build on lessons learned. UNFPA has long had a comparative advantage in the collection and analysis of population data and the Fund's support to national sex-disaggregated databases and censuses continues to be a role in which its technical expertise is an important asset. The development of appropriate tools such as the Geo-referenced Information Systems (GIS) for planners, strengthened capability of population research and teaching institutes, and the enhanced statistical and information systems are a few examples of UNFPA contribution to building national capacity. The availability of the requisite data at the right time is crucial for managers, community leaders, policy makers, and planners to take informed

decisions. Certain reproductive health programme areas, such as gender-based violence and male involvement, require special skills in generating and sharing knowledge to enhance the effectiveness of programmes being developed in the field. As a basis for raising awareness and increasing knowledge, UNFPA supported studies, analysis of service records, production of inventories, development of indicators, exploration of knowledge resources available on the Internet, and the timely dissemination and use of the findings of all these activities. Policy makers and programme managers utilized these findings for policy formulation, programme development and monitoring, as well as for advocacy and other interventions.

35. Promoting, strengthening and coordinating partnerships. In 2001, UNFPA actively promoted and strengthened partnerships with United Nations agencies, bilateral agencies, and civil society, including NGOs, in order to enhance country capacity to reach the ICPD goals. Through the United Nations Common Country Assessment (CCA) and UNDAF processes, the Fund moved towards closer partnerships with other United Nations agencies and bilateral agencies in the development of new country programmes. Many countries reported joint development of standards and norms, especially in reproductive health, with UNICEF and WHO. UNFPA has also expanded partnerships with national counterparts, emphasizing the importance of intersectoral collaboration, especially for mainstreaming the gender perspective and fighting the HIV/AIDS pandemic. The emergence of national development frameworks such as PRSPs and SWAps, offer the opportunity for more effective collaboration toward shared results, including to attain the MDGs and ICPD goals. In 2001, the Fund promoted partnerships between governments and NGOs that tapped the experience and knowledge of civil society, especially on sensitive issues such as violence against women, adolescent reproductive health, and HIV/AIDS.

Preventing AIDS, Promoting Partnerships

HIV/AIDS in young people was a taboo subject in Mauritania. Information and education was basically in the hands of civil society, with little government involvement. In 2001, UNFPA played a catalytic role by mustering the additional support of the government, United Nations partners and international NGOs for an HIV/AIDS information-education campaign in public secondary schools. This effort reached 100 per cent of secondary students with an initiative that was sustainable due to the Government's support. It triggered collaboration between ministries, as well as with a youth association that engages in peer education. This created a more favourable environment for HIV/AIDS prevention in the formal and non-formal education system.

36. In the context of decentralization, the Fund supported partnerships between service providers and clients to strengthen the link between supply and demand, and increase the utilization of reproductive health services. Country offices report that partnerships increase the likelihood of success and sustainability of population and reproductive health initiatives. For example, the production of census information, the implementation of reproductive health standards and protocols, and the establishment of mechanisms to stop harmful practices towards women, have been strengthened through joint efforts with governments, United Nations and bilateral development agencies, and NGOs.

B. Integrated resources framework

37. The ICPD estimated that globally $17.0 billion would be required in 2000 and $18.5 billion in 2005 in order to implement programmes in the area of reproductive health, including family planning, maternal health and the prevention of STIs, and HIV/AIDS, as well as basic population data collection and analysis (see also paragraph 13.15 of the ICPD Programme of Action). International population assistance increased from $2.2 billion or almost 2.5 per cent of official development assistance (ODA) in 1999, to $2.6 billion or almost 3 per cent of ODA in 2000 (see document E/CN.9/2002/4, report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development). This represents just over 45 percent of the $5.7 billion target agreed at the ICPD in 1994 as the international community's share in financing the implementation of the ICPD Programme of Action for the year 2000, and indicates an urgent need to step up international assistance for population and reproductive health if the goals of the ICPD are to be met.

38. The MYFF was developed to integrate UNFPA results and resources, with the objective of increasing core resources. In approving the MYFF, the Executive Board, in decision 2000/9, encouraged all countries to assist UNFPA in reaching the projected resource requirement level of $1,434 million for regular and other resources for the period 2000-2003. This section of the report presents an update on income projections, analyses resource utilization towards results, and points to the consequences of the resource shortfall projected in 2002.

1. Update on the income projection, 2000-2003

Table 6 – Update on UNFPA income estimates for MYFF 2000-2003

YEARS	2000-2002 Actual/planned	2003 Projected	2000-2003 Total	
	$M	$M	$M	%
REGULAR RESOURCES				
(1) Original estimate a/	899	395	1,294	100%
(2) Actual/updated estimate b/	791	270	1,061	82%
(3) Gap (2) – (1)	(108)	(125)	(233)	(18%)
OTHER RESOURCES				
(4) Original estimate	105	35	140	100%
(5) Actual/updated estimate b/	293	80	373	266%
(6) Gap (5) – (4)	188	45	233	166%
ALL RESOURCES				
(7) Original estimate (1) + (4)	1,004	430	1,434	100%
(8) Actual/updated estimate (2) + (5)	1,084	350	1,434	100%
(9) Gap (8) – (7)	80	(80)	0	0%

Notes Figures may not add up to totals given due to rounding.
a/ See document DP/FPA/2000/CRP.4, table 3.
b/ Actual for 2000, provisional for 2001, planned for 2002 and projected for 2003.

39. The updated UNFPA income estimates for the MYFF 2000-2003 (see table 6) show a slight improvement from the estimates from last year. The Fund estimates that total resources will reach $1,434 million or 100 per cent of the original estimate for the MYFF period. An analysis of income estimates reveals that the share of income from regular resources is still declining while that from other resources continues to increase. This trend is a cause for concern. Income from regular resources accounted for 87 per cent of total contributions to UNFPA in 1999, 71 per cent in 2000, and as a percentage of total income dropped to 68 per cent in 2001. The ability to obtain other resources varies with countries. Many country programmes that are funded primarily from regular resources will be adversely affected by the declining trend in these resources, and will be under-funded by $233 million or 18 per cent of the original MYFF estimates. This shortfall in regular resources will reduce the Fund's ability to respond flexibly to the priority needs of the poorest countries.

40. The Fund may face a further decline in its regular resources, with a shortfall of about $80 million in its estimated income for 2002. This amount could have been programmed to provide over half of the needs for mass information campaigns meant for behaviour change for HIV/AIDS prevention. The same amount could pay for over 20 per cent of the condoms needed for STIs/HIV/AIDS prevention worldwide, or over 20 per cent of the costs to train half of all secondary school teachers to educate young people in HIV/AIDS prevention. The $80 million could prevent more than 3 million unwanted pregnancies and over 1.2 million induced abortions. It could avert over 7,000 maternal deaths and 117,000 infant and child deaths. The resource gap will have serious consequences in the achievement of the ICPD and ICPD+5 goals, and curtail the Fund's contribution to the achievement of the MDGs.

41. The update on resource mobilization efforts is presented in DP/FPA/2002/5. In 2001, UNFPA received 27 multi-year pledges, which is an increase from 20 in the previous year. Only five of the 16 major donors (i.e., those who contribute over $1.0 million a year) have pledged multi-year support, seriously affecting the predictability and sustainability of UNFPA regular resources and hampering the planning and implementation of country programmes to achieve results.

2. Resource distribution

Table 7 - Status of implementation of country resources by country category
Regular resources

Country category [a]	Decision shares [b] %	Share of actual/planned expenditures [c] %	
		2000-2001	2000-2002
A	67-69	65.3	66.3
B	19-21	20.9	21.1
C	7-9	8.0	7.2
T	3-4	4.1	4.1
O	1.5	1.8	1.3
Total		100.0	100.0

Notes: Figures may not add up to totals given due to rounding.
[a] Countries were classified in accordance with the resource allocation system updated in decision 2000/19.
[b] See decision 2000/19 and document DP/FPA/2000/14, table 5.
[c] Based on actual expenditures for 2000, provisional for 2001 and planned for 2002.

/...

42. The Executive Board has provided legislative norms for the distribution of programming funds to countries in the updated country classification system based on a country's level of achievement in reaching the ICPD goals (see decision 2000/19). The share of resources for category "A" countries, which include all least developed countries, and in general those furthest from attaining the ICPD goals, showed an increasing trend (see table 7) towards the range set for in the decision. The shares for the other country categories are also moving towards the designated target shares.

43. The Fund allocated 70 per cent of its programmable resources to assist countries in achieving their goals in reproductive health, and 17 per cent for achieving goals in obtaining a balance between population dynamics and socio-economic development. It is estimated that 13 per cent of the Fund's regular resources are allocated to specific programmes on gender equality and the empowerment of women. This estimate, however, does not capture gender mainstreaming in all programmes, so the actual amount allocated to gender equality is likely to be higher.

Table 8 - Allocations from regular resources for new projects by programme area [a] and by country category

Country category	Reproductive health (in percent)		Population and Development Strategies (in percent)		Advocacy (in percent)		Multi-sector activities (in percent)	
	2000-2001	2000-2002	2000-2001	2001-2002	2000-2001	2000-2002	2000-2001	2000-2002
A	72	68	21	20	5	10	2	2
B	63	78	27	10	6	10	4	2
C	76	60	16	16	6	20	2	4
T	76	73	15	16	5	5	4	6
O	48	53	45	31	2	9	5	7
All categories	70	70	22	17	5	10	2	3

Note: Figures may not add up to totals given due to rounding
[a] Programme area according to decision 2001/11

44. It should be noted, from table 8, that reproductive health continues to receive the largest share of resources in all countries. The share of resources to the other programming areas reflects the shift in allocations of resources from interventions in population and development to those in advocacy, a subprogramme area that is also a strategy of the MYFF. Country programmes that begin in January 2003 will adopt the common format for programmes issued by the United Nations Development Group (UNDG) in response to Executive Board decision 2001/11, including a results and resources framework. In time, this should lead to a closer link between resources and results. Some countries have already started to test out this framework in the planning of their country programmes. The Fund has also begun a pilot initiative to cost reproductive health programmes. The aim is to make costing methodology available throughout the Fund and particularly in country offices. According to the UNFPA coding system, in 2001 the Fund invested a large share, over two thirds, of its resources in building national capacity. As seen in table 8, there has been an increasing share of resources allocated to advocacy over the

MYFF period. Research activities, which feed directly into building a knowledge base, received over 5 per cent of resources. The coding system is being revised in 2002 to enable the Fund to report more accurately on the resources devoted to the MYFF strategies.

III. MANAGING FOR RESULTS

45. Since 2000, the Fund has placed a major emphasis on strengthening results-based management (RBM), taking a comprehensive approach to improving programmatic and organizational performance. The Fund's 2001 organizational priorities highlighted the MYFF as the guiding framework for all UNFPA operations. They stressed the responsibility of UNFPA staff in MYFF implementation and mainstreaming of a results-based approach in their daily work, recognizing that establishing an iterative learning process to improve performance requires a change in the organizational culture.

46. The transition process that began in 2001 laid the bases for a framework for managing change. A Field Needs Assessment Study (FNAS) carried out in June-July 2001 generated views and recommendations on the UNFPA vision and strategy, corporate culture and values, partnerships, functions and structure, and financial, information and human resource management. A transition team, consisting of staff members from the field and headquarters, has been tasked with designing an action plan geared towards efficiency and accountability in achieving a common strategic direction. This includes organizational realignment for enhanced support to field operations; development of knowledge sharing and human resources strategies to increase organizational capacity; and improving financial planning, implementation and monitoring.

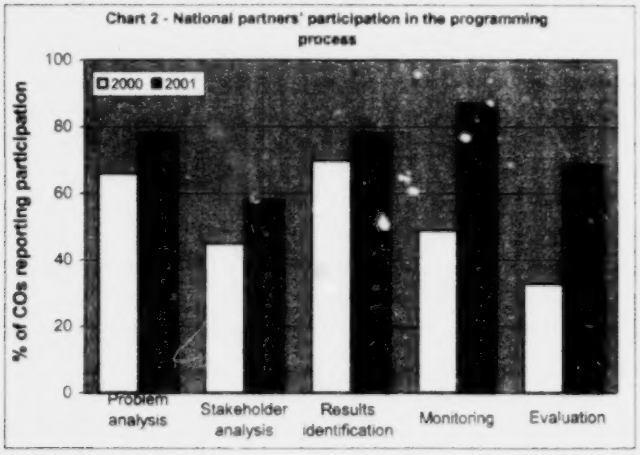
47. In order to improve the collective performance of the Fund, including the quality of support provided to country offices, a survey on how country offices are managing for results was carried out in 2001 for the second consecutive year. This will be integrated as a regular feature into country office annual reporting. The following analysis is based partly on the survey responses received from 67 country offices.[1]

48. Programme management. Mainstreaming RBM provided a focus for building capacity in programme management, including the use of the logical framework (logframe) for programme development, monitoring, evaluation and reporting. The Fund continued to develop skills in these areas by ensuring that staff received programme management training. Country offices report that 84 per cent of their programme staff have now received training in the use of the logframe, compared to 74 per cent in 2000. An international workshop in January 2001 for Country Technical Services Team (CST) advisers focused on building a common understanding of RBM, and the ability to facilitate learning sessions with country office staff and national

[1] Seventy-nine countries responded to the survey in 2000, and 98 countries responded in 2001. The percentages mentioned in the text refer to the 67 countries that responded in both 2000 and 2001, and are thus comparable.

partners. An orientation guide on RBM has helped to further enhance the country offices capacity to engage national partners in managing for results. An increasing number of countries reported monitoring plans based on the logframe, but this investment in results-oriented programme management has yet to be systematically translated into quality programme implementation and effective monitoring.

49. UNFPA accords high priority to building national capacity and enhancing national ownership. Chart 2 below shows that country offices report increased partnership with nationals at all stages of programming, reflecting strides towards ensuring greater national ownership of programmes and achievement of results. In particular, there is a significant improvement in national involvement in programme monitoring and evaluation.



50. These partnerships contributed to the joint realization that data are crucial to monitor results, and led to an increase in the establishment of baselines for programme indicators. Forty-three per cent of responding countries now have data for more than half of all their country programme indicators, compared to 39 per cent last year.[2] Data availability still remains a significant challenge, as only three reporting countries have baseline data for all of their indicators. The Fund will prioritize the improvement of data collection and analysis for programme monitoring.

51. Information management. UNFPA embarked on an initiative to ensure that country offices have basic connectivity to share programme and management information with national partners, donors, other offices and headquarters. Most country offices reported always sharing

[2] Percentages were generated from a sample of 58 country offices with a country programme (out of a possible 90) that responded in both 2000 and 2001.

evaluation findings with national counterparts and headquarter units, but only sometimes with donors, and rarely with other country offices. Over 60 per cent of respondents report that an office database for knowledge sharing exists or is under development, and more than two thirds have their own web page or are currently developing one. Connectivity remains a concern in several category "A" countries where weak infrastructure and conflict and/or emergency situations constrained access to information technology.

52. During 2001, UNFPA initiated a population and reproductive health Internet portal on the World Bank development gateway to promote information and data sharing and forge new cooperation among stakeholders. The portal will provide access to population information resources, and share lessons learned from population and reproductive health programme experience among a broad range of constituents and stakeholders.

53. Financial resources management. Given the decline in the share of core resources, the Fund encouraged country offices to engage national and international partners at the country level in mobilizing resources for programmes. These efforts resulted in a rise in the number of programme countries contributing to UNFPA core resources. An increasing number of programme countries are opting for cost-sharing arrangements.

54. The current methods for forecasting, planning and control of programme expenditures are cumbersome and generate significant work for both country office and headquarter staff. In 2001, the Fund initiated a review of financial procedures to streamline and simplify them. This will lead to improved financial effectiveness and lay a solid foundation for developing the Enterprise Resource Planning System, a long-term, comprehensive solution towards integrating results and resource management.

55. Human resources management. The Fund is building its capacity in performance management by emphasizing team-building, and individual and collective responsibility for achieving results. It is engaged in a transformation of its human resource management through the development of a comprehensive strategy that is flexible and responsive to changing needs. For example, in 2001 UNFPA, in collaboration with the World Bank Institute, introduced a learning programme to build UNFPA staff capacity to advocate for and provide high quality support to integrating ICPD goals and ICPD+5 key actions into PRSPs, SWAps and sector reforms. To strengthen its leadership in advancing the ICPD Programme of Action, the Fund recognizes that it has to attract, develop and retain a dedicated, highly competent and committed workforce. This calls for a close examination of the profile of staff and the competencies that the Fund needs to develop in order to achieve results. The design of a new human resource strategy was initiated in 2001 for presentation to the Executive Board at the second regular session in 2002 .

IV. KEY CONSIDERATIONS FOR FUTURE IMPLEMENTATION OF THE MYFF

56. The following key considerations emerge from lessons learned in MYFF implementation, issues identified in annual reports, and recommendations from the initial stages of the UNFPA transition process.

57. Overall, UNFPA should further strengthen its leadership role in implementing the ICPD Programme of Action and the ICPD+5 key actions, including through increased visibility of the Fund's achievements. This also includes the adoption of a common strategic direction that reflects changes in the external environment and stakeholder views, builds on the comparative advantages of the Fund, and uses lessons learned to most effectively meet ICPD goals.

58. UNFPA must strengthen programmatic and operational partnerships with other development agencies and a broader range of government and NGO actors at national and local levels in the context of poverty reduction. This should include promoting the role of civil society in contributing to national development initiatives.

59. UNFPA must build staff capacity to promote the ICPD Programme of Action and ICPD+5 key actions in national and sectoral development frameworks, including PRSPs, SWAps and sector reform, and to participate effectively in national policy and planning initiatives and the UNDAF. This will ensure that resources are efficiently used to contribute to demonstrable changes in reproductive health, gender equality and women's empowerment, and poverty reduction.

60. In 2002, to guide programme formulation and to strengthen ICPD implementation and the attainment of the MDGs, UNFPA should continue to refine its approach to issues of cultural values and diversity. This would include strengthening dialogue and collaboration with a wider range of groups, including religious and cultural partners.

61. Gender equality and women's empowerment are fundamental to poverty reduction. UNFPA should continue to emphasize the role of gender in sexual and reproductive health and promote male involvement in programmes. The Fund is committed to work with partner agencies to improve monitoring of gender issues, and to build more effective programme strategies for change.

62. Efforts will continue to be made to strengthen the timely procurement and distribution of a range of reproductive health commodities, paying special attention to building national logistics management and monitoring capacity, and to increasing access to commodities and services within different cultural contexts. This would contribute to improving the quality of reproductive health services, and to strengthening HIV/AIDS prevention, both priorities for the Fund.

63. UNFPA should continue to promote results-based monitoring and evaluation practices, including the establishment of baselines in new country programmes and monitoring systems for all programmes. The Fund should also strengthen the capacity of UNFPA staff and national partners to adopt a results-based approach to programme and office management, including capacity for strategic thinking, planning and management, and for costing programme outputs.

64. There is a serious lack of reliable data at national and sub-national levels. Substantial investment in data collection and analysis by the entire development community is therefore essential for evidence-based policy formulation and informed decision-making. Capitalizing on its comparative advantage, UNFPA will support partners in building national data and management information systems; establishing mechanisms to promote knowledge sharing, including the collection and use of lessons learned; and improving communications systems.

65. The joint identification and monitoring of shared results may imply less focus on the detailed attribution of particular results to individual agencies, but it does not mean a lessening of accountability. UNFPA, like other agencies, must show that its resources make a significant difference in producing results, i.e., that there is a logical, evidence-based relationship between resource use and the achievement of results. In certain circumstances – for example, basket funding in the context of a SWAp – this may mean that UNFPA contributes to a medium-term outcome but is not wholly responsible for a particular output.

66. UNFPA will carefully monitor its experience in programming in the changing development environment and will make any needed modifications of the MYFF results framework in the next cycle. The definition of a common strategic direction for the Fund in 2002 will also feed into the refinement of the next MYFF.

67. So far the MYFF has not succeeded in increasing regular resources and has only partially succeeded in attracting multi-year pledges. Clearly, an increase in the level, predictability and sustainability of regular resources is essential for UNFPA and national partners to successfully implement country programmes and achieve desired results in reducing poverty and attaining the ICPD goals and the MDGs. The Executive Board is requested to urgently address this issue.

Annex

At-A-Glance: An Illustration of Strategies Used to Achieve MYFF Outputs

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 1: Increased availability of comprehensive reproductive health services			
Strategies	**Key Activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Awareness raising with influential political, community and religious leaders • Multi-media campaigns on selected RH issues targeting specific groups • Public dissemination of promotional materials on RH services	• High-level commitment to priority issues such as HIV/AIDS, especially in SSA[1] • Expansion of services to those with special needs, e.g., adolescents and emergency survivors • Gradual shift from vertical FP services to integrated RH programmes	• Crucial to involve community and political leaders in community mobilization activities to increase demand for services • Increase and diversify RH service entry points for adolescents and others • Synergy between IEC/behaviour change communication activities and targeted RH services is important
STRENGTHENING NATIONAL CAPACITY	• Training needs assessments for health, community and outreach workers • Development of training manuals and training for health workers in full range of RH services2 • Establishment of RH clinics for refugees and youth	• Common minimum standards set for integration of RH services in SDPs3, as in Cameroon • Increase in ANC, PNC, assisted delivery, FP and STI consultations • Community-based RH services available to special groups such as refugees and youth in SSA and Asia	• Shortage/high turnover of qualified health personnel, concentration in urban centres, instability and security issues adversely affect RH service availability to poor • Community-based services, especially in rural areas, essential to expand RH service availability to the poor
BUILDING AND USING A KNOWLEDGE BASE	• Dissemination of DHS and other surveys • Research into ASRH needs and STI/HIV/AIDS prevention in SSA • Needs assessment for EmOC in SSA • Establishment of RH baselines including health records data	• Increased number of countries that can monitor progress in RH outcomes • Improved STI/HIV/AIDs prevention services for adolescents • Information on availability, utilization and quality of EmOC known in selected countries	• Lack of reliable data on many RH issues to inform programme design and measurement • Insufficient research to design and monitor appropriate evidence-based programmes • Insufficient investment in RH services other than FP • Legacy of vertical programmes contributes to resistance to integrated reproductive health approach
PROMOTING, STRENGTHENING AND COORDINATING PARTNERSHIPS	• Collaboration with local governments and community-based groups in context of decentralization • Partnership with donors, United Nations agencies, governments in PRSP, SWAps, HSR and UNDAF • Establishment of national multi-sectoral RH task forces • Development of RH policy and operations	• Increased involvement of community groups, NGOs and private sector in RH service provision • Integration of RH issues into PRSPs, SWAps, health sector reform (HSR) and UNDAFs • National RH policies and actions in SSA	• Outreach initiatives must have referral links for effective services, especially for youth • Strengthen coherence and range of partnerships to integrate RH into national development frameworks and MDGs

1 SSA: Sub-Saharan Africa.
2 Reproductive Health (RH) services such as Family Planning (FP), Emergency Obstetric Care (EmOC), Antenatal Care (ANC), Postnatal Care (PNC), Sexually Transmitted Infections (STIs), Violence Against Women (VAW), including Adolescent Sexual and Reproductive Health (ASRH).
3 SDP: Service Delivery Points include health units which provide the range of primary health care services, including private as well as public facilities.

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 2: Improved quality of reproductive health services			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Approval and utilization of RH norms and protocols • Awareness creation among high level health officials and political leaders for RH quality services	• Many countries in SSA and Central Asia adopted RH standards and protocols • Several countries, e.g., Armenia and Madagascar, launched contraceptive security studies • Countries, e.g., Fiji, increased own contribution to meet their contraceptive needs	• Strengthen national commitment to RH commodities and services for sustainability • Address demand for and satisfaction with services • Audience segmentation and message specification are critical to effective advocacy
STRENGTHENING NATIONAL CAPACITY	• Rapid assessment of RH programme management needs, including EmOC • Development of RH guidelines, materials, standards and protocols • Training in use of RH clinical protocols, standard service guidelines, and RH management • Promotion of COPE[1] approach to improve attitude of RH service providers • Provision of RH commodities equipment and supplies	• Increased understanding of essential elements in quality of RH care • Supervisory guidelines/ checklists for clinic and community-based services available in countries, e.g., Mauritania and Tanzania • Increased number of health workers with life-saving skills related to EmOC • Referral systems improved to enable SDPs to provide emergency services, sometimes on 24-hr basis, as in Ethiopia • Improved attitude by RH service providers • Increased capacity to offer RH commodity choice	• Guidelines, training of trainers, and quality of care assessment significant factors in improved quality of services • Some protocols still limited to FP • Frequent staff turnover limits the transfer of knowledge and sustainability in quality of care • Improving access to transportation critical for EmOC • Training does not always lead to high quality services; need to measure impact of training, and improve institutional systems • Attitude as important as skills in ensuring client-oriented approach • Build commodity security at country level to minimize effect of donor withdrawal • Security issues and fuel shortages increased stock-outs, especially in rural areas
BUILDING AND USING A KNOWLEDGE BASE	• Surveys on client satisfaction, access for adolescents and men, RH logistics management • Establishment of baselines for RH quality care within government system • Inventories of RH equipment and supply needs • Development of logistics MIS	• Areas for improvement identified in monitoring and reporting on specific RH services • Reliable RH data available in health structures • More effective monitoring of client-oriented services • Staff able to monitor RH commodity flows	• Need for increased investment in qualitative and quantitative data generation, analysis and dissemination
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Joint activities with private sector and NGOs to standardize RH services • RH task forces to meet RH needs, including ASRH	• More efficient use of resources to build client/provider partnerships • Intersectoral networks for adolescents and youth and increased outreach to rural communities	• NGOs and private sector important RH services suppliers – need to standardize quality of services

[1] COPE: Client Oriented Provider Efficient

MYFF Goal 1: All couples and individuals enjoy good reproductive health, including family planning and sexual health, throughout life

MYFF Output 3: Improved environment for addressing practices that are harmful to women's health			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Strengthening skills of women's and advocacy organizations • Awareness raising and workshops with civil society, especially community and religious organizations, on VAW, female genital cutting (FGC), etc. • Encouragement of public dialogue with government around policy • Use of key events, World Population Day and International Women's Day, for RH/gender advocacy	• Sustained monitoring of laws and policies • Recognition of gender discrimination and VAW by traditional and religious leaders, as in Sudan • Amendments to policies and reproductive rights law in Kyrgyzstan and Tajikistan • Creation of multisectoral Violence Against Women councils • Increased media articles on RH, gender, youth issues	• Build advocacy capacity of civil society, women's and men's organizations • Involve local, religious and cultural leaders and organizations to improve environment • Cultural resistance to change requires long-term programme investment • Increase government/NGO consultations • Work on several fronts simultaneously in addressing issues such as VAW
STRENGTHENING NATIONAL CAPACITY	• Training for community groups, government officials on gender issues and VAW • Capacity building for women's and community groups for advocacy against early marriage, FGC, in SSA and South Asia • Preparation and dissemination of VAW protocols • Preparation of BCC/IEC strategies on VAW	• Increased capacity of community groups to advocate against VAW and increased receptivity of government officials • Improved community monitoring of government efforts • Clinics and outreach services equipped to deal with VAW • Development of national policies and action plans to promote gender equality	• Capacity-building must address gender issues • Policies to address harmful practices need to be monitored and enforced
BUILDING AND USING A KNOWLEDGE BASE	• Research on impact of social and cultural norms on harmful practices • Use of research for policy and programme planning • Elaboration of IEC materials on key issues	• Improved knowledge base on influence of community and family norms and practices on RH • Improved evidence-based IEC materials	• Sound knowledge base on harmful practices necessary to identify effective strategies • Cultural norms often increase risks to women's health • Inadequate information dissemination on VAW, FGC, obstetric fistula
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Joint initiatives with government, NGOs, police, religious leaders, and women's groups • Fostering of partnerships with government and UNIFEM against VAW • Support to NGOs to pilot VAW programmes. Formation of youth advocacy groups • Promoting role of parliamentarians in addressing VAW at regional level	• Strengthened networks of governments and civil society, including women's organizations, for addressing harmful practices • Mobilization of inter-agency task forces on gender issues and VAW • Increased commitment to addressing VAW in East and South-East Asia and the Pacific	• Multisectoral partnerships essential to prevention and management of harmful practices • Support of parliamentarians crucial to sustainability

MYFF Goal 2: There is a balance between population dynamics and social and economic development

MYFF Output 4: National development plan and sectoral plans in line with ICPD Programme of Action			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons Learned**
ADVOCACY	• Public awareness building on ICPD PoA, and integration into national plans • Network building and establishment of multisectoral, inter-disciplinary teams • Policy dialogue for revisions to national and sectoral plans • Policy dialogue for inclusion of ICPD PoA in UNDAFs, PRSPs, SWAps, HSR	• Increased awareness and commitment to ICPD PoA and integration into development policy and plans • Approval of laws on reproductive rights for first time in Central Asian countries • Increased instances of sectoral plans taking ICPD PoA into account • Increased instances of UNDAFs, PRSPs, SWAps, HSR taking ICPD PoA into account	• Use evidence-based arguments for policy dialogue and strategic planning • Build on areas of common agreement in RH agenda • Improve costing skills and economic arguments • New development frameworks provide important locus for ICPD advocacy
STRENGTHENING NATIONAL CAPACITY	• Support to national population experts through workshops, seminars, conferences, training, fellowships • Capacity-building in strategic and gender planning and management, and logistics management	• Guidelines and manuals for integrating population variables into development programmes • Integration of ICPD goals and MDGs into national development databases • Systems in place for monitoring achievement of ICPD goals	• Human resource planning critical to development planning in line with ICPD PoA • Improve costing and gender budgeting skills
BUILDING AND USING A KNOWLEDGE BASE	• Joint assessment of capacity and data monitoring needs • Definition of performance indicators for national and sectoral plans • Development of databases to monitor progress in implementation • Production of materials, documents, textbooks	• Key indicator data more widely available • Strengthened national programmes and initiatives in line with national plans	• Building integrated national data system and capacity to monitor essential for evidence-based data for policy and planning
PARTNERSHIPS STRENGTHENING AND COORDINATING PARTNERSHIPS	• Partnerships with United Nations and other agencies in data collection and analysis • Leveraging support for national data collection, including censuses • Support to NGO participation in planning • Support to multisectoral government mechanisms	• Improved coordination of partnerships in promoting ICPD PoA	• Ensure ICPD PoA integrated into new strategic development frameworks, such as SWAps, PRSPs

MYFF Goal 2: There is a balance between population dynamics and social and economic development

MYFF Output 5: Increased availability of sex-disaggregated population-related data			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Outputs**	**Constraints/Lessons Learned**
ADVOCACY	• Advocacy for inclusion of gender data in censuses, databases and monitoring systems • Support for use of sex-disaggregated population data in policy formulation • Dissemination of statistical data, including through web sites	• Consensus on key gender-sensitive indicators and data gaps • Gender issues highlighted development policies and plans and budgets • Securing of funding for censuses	• Governments need to give greater priority to sex-disaggregated data collection and analysis for gender planning and budgeting • UNFPA important role in leveraging census funding
STRENGTHENING NATIONAL CAPACITY	• Capacity-building for census data collection and use of sex-disaggregated population data for gender-sensitive demographic projections • Upgrading technology and technical facilities • Dissemination of sex-disaggregated IEC materials, data to statistical departments, schools, and health centers	• National censuses in some countries, including first in Armenia and Lithuania • MIS incorporating sex- disaggregated data developed • Improved monitoring of national RH programmes • Improved research capability in gender issues and needs • Poverty monitoring systems based on sex-disaggregated data developed	• Ensure coordination of donor community in national capacity needs assessment and targeted capacity building efforts • More concerted efforts to orient policy makers and planners to use sex-disaggregated population data in development planning and budgeting • Need to strengthen national capacity to monitor RH in context of MDGs
BUILDING AND USING A KNOWLEDGE BASE	• Support for management of databases information and monitoring systems • Development of monitoring systems for sex-disaggregated indicators • Support to researchers for data collection and analysis • Support to policy makers for analysis and use of census data	• Sex-disaggregated, integrated databases and indicator monitoring systems developed • Manuals, standards for data collection developed • Sex-disaggregated census and DHS data published and used	• Still inadequate availability and use of sex-disaggregated data
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Partnerships among line ministries, local governments, researchers, NGOs for use of sex-disaggregated data in policies and programmes • Collaboration among UNFPA, UNDP and UNICEF, under UNDAF	• Joint databases developed • Joint monitoring of socio-demographic indicators • Increased collaboration in developing national RH programmes	• Collaboration among all key stakeholders essential for effective collection and use of sex-disaggregated data

MYFF Goal 3: Gender equality and empowerment of women are achieved

MYFF Output 6: Increased information on gender issues			
Strategies	**Key activities**	**Specific Achievements Relating to MYFF Output**	**Constraints/Lessons learned**
ADVOCACY	• Mobilizing the media on gender issues, women's and girl's rights • Working with men to promote male responsibility and awareness • Publication of IEC booklets, posters, leaflets, songs on gender issues • Integration of gender issues into key events such as World Population Day	• More positive views on gender equality in specific contexts • National advocacy/BCC strategies developed • Inclusion of gender issues in awareness-building activities • Gender issues more visible to population	• Gender equality and women's empowerment issues tend to be marginalized • Focus on improving men's receptivity to gender issues • Male religious and community leaders can be effective advocates of gender equality • Build more effective partnerships with entertainment media to reach wider audience including men • Involvement and support of parents and communities key to success of school-based RH education
STRENGTHENING NATIONAL CAPACITY	• Production of gender planning manuals and educational materials • National capacity-building in gender issues; gender-sensitive RH; and service provision to survivors of gender-based violence • Dissemination of IEC materials on gender issues • Establishment of legal clinics for women	• Inclusion of RH and gender issues in secondary curricula • National gender equity plans developed • Inclusion of gender goals and gender sensitive strategies in national and sectoral policies and plans • Operational guidelines for integration of gender analysis in development • Institutional structures for women's affairs, such as Ministry for Women in Dominican Republic	• Build on Fund's investment in population education • Increase skills in gender planning and budgeting • Develop skills and strategies to deal with specific gender issues, e.g., VAW, fistula • Support monitoring of institutional mechanisms and plans for gender responsiveness
BUILDING AND USING A KNOWLEDGE BASE	• Training on data collection, analysis and dissemination on gender issues • Research on women, youth and HIV/AIDS, VAW, HSR with gender perspective, and perceptions of policy makers, men and youth on gender	• Statistics and indicators on girl schooling and performance • Information about gender issues, including VAW, made available	• Comprehensive sex-disaggregated knowledge base essential for evidence-based information campaigns • Inadequate use of NGO data and knowledge on gender issues • More research on male perspectives
PROMOTING STRENGTHENING AND COORDINATING PARTNERSHIPS	• Collaboration with government ministries, civil society, donors, media for providing information on gender issues • Promote best practices with donors and governments on VAW, early marriage, HIV/AIDS • Collaboration with civil society, community and religious organization, for dissemination of laws on VAW • Collaboration with United Nations agencies for provision of information on gender issues	• Increased involvement of NGOs, women's associations, private sector groups in dissemination of information on gender • Improved government/NGO coordination on monitoring on gender issues • Information on gender issues used to monitor follow-up on Beijing Platform of Action • Strategic plans for United Nations Gender Theme Groups	• Need greater NGO and government synergy to promote gender issues • Extend collaboration with male-led and mainstream organizations and networks

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REPORT OF THE EXECUTIVE DIRECTOR FOR 2001: REPORTS REQUESTED BY THE EXECUTIVE BOARD*

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Introduction

1. This section of the Annual Report focuses on subjects specifically requested by the Executive Board: reproductive health commodity security; and humanitarian assistance.

I. REPRODUCTIVE HEALTH COMMODITY SECURITY

2. During 2001, UNFPA continued to consolidate and expand its work in the area of reproductive health commodity security (RHCS). For more than a decade, the Fund has provided leadership in commodity work through its Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries. In 2001, that project was fully institutionalized within the organization and UNFPA embarked on a strategic approach to assure reproductive health commodity security in all developing countries. Building consensus among major development partners, and consistent with its mandate derived from the Programme of Action of the International Conference on Population and Development (ICPD) and the key actions of ICPD+5, UNFPA strengthened its role in RHCS in 2001 at both the global and national levels.

3. In April 2001, UNFPA launched a global effort with the publication of a report entitled *Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action.* The report was produced in close cooperation with several development partners. It outlines the broad dimensions of the challenges facing developing countries in the area of RHCS and offers guidance on how programme countries, donors, the World Bank, United Nations organizations, non-governmental organizations (NGOs), foundations and the private sector can work together to achieve the ICPD goal of "universal access to reproductive health care". By identifying commodity shortfalls in developing countries and sharing that information with development partners, UNFPA has helped to move the issue of commodity security to a higher place on the international development agenda. During 2001, UNFPA worked closely with 81 countries experiencing commodity shortfalls and programmed $76 million in other resources received from the Dutch, British and Canadian Governments for RHCS. At the national level, UNFPA is sharpening the focus on RHCS by orienting all its country offices, and the concerned national counterparts, on strategic approaches to commodity security.

Integrating RHCS into the country programmes

4. In response to the growing demand for reproductive health commodities, and given the large gap between donor support and country requirements, UNFPA has underscored the need for prioritizing reproductive health supplies in UNFPA-supported country programmes. The Fund is focusing specific attention on assisting governments in capacity-building to ensure the

provision of contraceptives, male and female condoms for the prevention of sexually transmitted infections (STIs), including HIV/AIDS, and other essential reproductive health commodities. Each country programme will address the issue of RHCS, including such aspects as assessing requirements, financing, procurement, supply management, and national coordination arrangements among development partners to effectively and efficiently meet both short- and long-term reproductive health commodity needs. As RHCS has to be linked to demand creation, behaviour change communication and strengthening of service delivery systems, these areas are being addressed in UNFPA-supported country programmes.

5. UNFPA is conducting workshops on RHCS to provide UNFPA Representatives and government officials with guidance on programmatic, technical and substantive issues to assist them in developing and implementing national action plans in the area of RHCS. Issues of RHCS in the context of health sector reform and sector-wide approaches (SWAps) are addressed in the workshops. UNFPA is also emphasizing the importance of establishing and/or strengthening a national planning and coordination mechanism for effective partnerships in RHCS with key stakeholders in developing countries. National RHCS working groups are being set up to liaise with an international network for information sharing and coordinated action.

6. During 2001 support from the Country Technical Services Teams (CSTs) and headquarters was made available in a number of countries, including Burundi, Cambodia, Laos, Nigeria, Sudan and Turkmenistan, to conduct situation analyses and in-depth assessments of reproductive health commodity requirements and logistics needs. A number of countries, including Cambodia, Laos and Indonesia, have already advanced in creating a working group on RHCS with the help of the respective UNFPA country office.

Global strategy and resource mobilization

7. UNFPA efforts to design and develop a global strategy on RHCS, in close consultation with donors and developments partners, have contributed to more effective advocacy and resource mobilization. UNFPA was successful in advocating for additional funds to meet the widening gap in reproductive health commodities in developing countries. The Governments of the Netherlands, the United Kingdom and Canada provided an extrabudgetary contribution of approximately $93 million to help meet the shortfalls in 2001 and 2002. In 2001, UNFPA programmed $76 million to meet requests for reproductive health commodities to prevent stockouts. In the disbursement of these resources, on average, the least developed countries received the most support. Similarly, countries with high HIV prevalence received approximately three times as many condoms per capita as those countries with HIV prevalence below 2 per cent. The Fund's comparative advantage in procuring contraceptives at discount prices due to competitive bidding and volume procurement helped recipient countries obtain larger quantities than would otherwise have been possible. In addition to the provision of reproductive health commodities, the funding enabled UNFPA to organize logistics management

missions to Cambodia, Nigeria and Sudan. The purpose of these missions was to assist those countries in strengthening their approaches to RHCS and to help improve their distribution systems. At global and regional levels, UNFPA plans to provide technical support through CST specialists. Working together with major donors and technical agencies in the area of global donor coordination, UNFPA will provide technical guidelines and assistance for estimating reproductive health commodity needs and gap analysis for advocacy and resource mobilization purposes.

Estimating reproductive health commodity supply needs

8. National requirements. To avert the commodity shortfalls in developing countries, UNFPA efforts are focused on establishing a framework within which donor support will be both adequate and predictable. Towards that end, the Fund is conducting a survey to gather country-specific information pertaining to the reproductive health supply situation in developing countries. The purpose of the survey is to ascertain if shortfalls are anticipated and to assist the UNFPA country offices in facilitating solutions in support of national programmes. In order to project demand, determine available supplies and identify potential shortfalls, the survey will gather information pertaining to: the current stock situation; orders in the pipeline; contraceptive prevalence rate and method mix; requests for contraceptives from extrabudgetary funds; information on donor coordination; and institutional information for national capacity-building. The information will be utilized to help UNFPA and other donors to effectively coordinate efforts for the provision of reproductive health commodities in 2002 and beyond.

9. Global requirements. UNFPA has prepared global estimates of contraceptive requirements and condoms needed for STI/HIV-prevention programmes. These estimates do not include commodities for other components of reproductive health, such as maternal care and STI diagnosis and treatment. Estimating and projecting the contraceptive requirements for family planning and the condom requirements for preventing STI/HIV infections require different assumptions and methodologies. While contraceptive requirements for family planning can be estimated by using the information from surveys or supply data, estimating condom needs for STI/HIV prevention requires country-specific information about condom use and sexual behaviour outside marriage. The Fund estimates that if donors continue to supply 41 per cent of the total requirements for family planning commodities and condoms for STI/HIV prevention (as was the case between 1992 and 1996) then a minimum of $390 million in donor support would be required in 2002.

Global advocacy and partnership

10. The UNFPA leadership role in advancing RHCS was affirmed at a conference held in Istanbul, Turkey, from 3-5 May 2001. Entitled "Meeting the Reproductive Health Challenge: Securing Contraceptives, and Condoms for HIV/AIDS Prevention", the conference attracted

more than 150 individuals from developing countries, donor agencies, technical agencies and NGOs. The conference was sponsored by the Interim Working Group, a consortium of four organizations based in the United States of America. UNFPA representation was a key to promoting greater awareness and political commitment to RHCS at several other meetings and conferences during 2001, including the meeting organized by the Partners in Population and Development in Cochin, India; the United Nations General Assembly Special Session on HIV/AIDS; the UNAIDS/WHO meeting; the Population Council Horizons Project meeting; and the International Cooperation Days meeting held in Ottawa, Canada. Working in close partnership with other technical agencies and donors such as the United States Agency for International Development (USAID), John Snow, Inc. (JSI), Management Sciences for Health (MSH), and the Program for Appropriate Technology in Health (PATH), UNFPA is developing a strategic assessment framework for RHCS. The framework will enable participating governments, donors and technical agencies to design, implement and follow-up a comprehensive RHCS strategy.

Reproductive health commodity list

11. The regular availability of quality reproductive health commodities is fundamental to enable people to make informed choices about their reproductive health. UNFPA has prepared a list of reproductive health commodities; the list is being reviewed by WHO and will be published as a joint report. This list of essential reproductive health commodities focuses on items that are necessary at the primary health-care level. However, for certain components of reproductive health care, most notably maternal care, it is crucial that services are accessible at the first referral level and that the necessary commodities for this level have also been included in the list.

RHCS orientation for field staff

12. In terms of national capacity-building, UNFPA is engaged in a rollout of the RHCS strategy. This effort gathered momentum during the November 2001 workshop in Mombasa, Kenya, where some 60 nationals, UNFPA and other agency participants representing 17 developing countries helped develop draft action plans to facilitate integration of RHCS in country programmes as a means to strengthen national capacity. The Mombasa workshop was the first of a series of workshops planned to take the RHCS issue forward in 2002. Other workshops planned for 2002 will be held in Abidjan, Côte d'Ivoire, 10-13 June, for francophone African countries; and in Beijing, China, 21-25 October, for the Asia and the Pacific region countries.

Donor database

13. UNFPA manages a unique database on donor support for contraceptives and logistics. The Fund annually publishes a report based on information drawn from the database. The

database allows regular monitoring of supply levels worldwide and facilitates planning to avoid commodity shortfalls. For example, data analyses in 2000 revealed major shortfalls that prompted the Governments of the United Kingdom, the Netherlands and Canada to provide additional funding to avert disruptions in the supply of commodities. The database is being expanded to address real-time demand issues and to include other reproductive health commodities.

UNFPA advocacy

14. During the past two years several UNFPA publications have been utilized for advocacy and awareness-raising on RHCS. These include: *Global Estimates of Contraceptive Commodities and Condoms for STI/HIV Prevention 2000-2015*; *Reproductive Health Commodity Security: Partnerships for Change, A Global Call to Action*; and *Reproductive Health Commodity Security: Partnerships for Change, The UNFPA Strategy*. A publication entitled *The Role of the Logistics Manager in Contraceptive Procurement: A Checklist of Essential Action* provides guidelines for supply managers in developing countries.

15. UNFPA efforts during 2001 contributed to raising awareness and institutionalizing RHCS both within UNFPA and among other agencies. The RHCS strategy will undoubtedly assist in focusing the attention of programme countries and donors on the importance of advance planning, timely interventions, increased funding, national capacity-building, and political commitment for making quality reproductive health commodities accessible and available to women and men in all developing countries.

II. HUMANITARIAN ASSISTANCE

16. Addressing the reproductive health needs of affected and vulnerable groups in emergency situations, natural disasters and conflicts is the crux of the humanitarian assistance provided by UNFPA. In recent years, the Fund has expanded and enhanced its work in the area of humanitarian assistance and emergency response. Working in close partnership with a number of United Nations agencies and other development partners, UNFPA has become an important player in the provision of much-needed reproductive health services. The Fund's key partners include UNHCR, WHO, UNAIDS, the International Planned Parenthood Federation (IPPF), the International Organization for Migration (IOM), and the International Federation of Red Cross and Red Crescent Societies (IFRC). Currently, UNFPA is providing leadership to the Inter-Agency Working Group on Reproductive Health for Refugees (IAWG) and participates actively in several other working groups at the global level. Since 2000, UNFPA has been a full member of the Inter-Agency Standing Committee for Humanitarian Affairs (IASC).

17. UNFPA humanitarian assistance work is coordinated by the Humanitarian Response Group in the Fund's Technical Support Division. During 2001, the Fund's humanitarian assistance work focused on: (a) reproductive health support; (b) training and capacity-building; (c) advocacy; (d) data collection, analysis and information synthesis; (e) inter-agency coordination and programme planning; (f) tools development; and (g) project development. Highlights of these activities are presented below. The report concludes with a section focusing on resources.

Reproductive health support

18. UNFPA has provided reproductive health and safe motherhood supplies to ensure that displaced populations have access to clean, safe deliveries, prenatal and post-partum care, as well as HIV prevention and family planning options. Despite the challenges of combining immediate relief and long-term approaches, UNFPA has been successful in providing immediate support and strengthening local capacity for the long term.

19. Within this framework, UNFPA has provided referral-level equipment to health centres and supported the hiring and training of local staff. The Fund purchased and distributed emergency reproductive health kits developed by the IAWG. The kits are being stocked and managed by UNFPA. In 2001, equipment, supplies and operational support were provided to Afghanistan, Angola, Bangladesh, the Russian Federation (northern Caucasus), Comoros, Central African Republic, the Congo, the Democratic Republic of the Congo, East Timor, Eritrea, Ethiopia, Guinea, El Salvador, India, Indonesia, the Islamic Republic of Iran, Yugoslavia (Kosovo), Liberia, Madagascar, Mongolia, Mozambique, the Occupied Palestinian Territory, the Philippines, Rwanda, Sierra Leone, Somalia, Sudan, Tajikistan, Uganda, the United Republic of Tanzania and Yemen.

20. Needs assessment. With UNFPA support, assessments of reproductive health conditions and needs in crisis situations were implemented in a number of countries; some of the assessments were undertaken in collaboration with Marie Stopes International (MSI), John Snow, Inc. (JSI), the International Rescue Committee (IRC), UNAIDS and other United Nations partners. The needs assessments were carried out in Angola, Central African Republic, the Democratic Republic of the Congo, Ethiopia, Eritrea, El Salvador, Guatemala, India, the Islamic Republic of Iran, Kenya, Mongolia, the Russian Federation (northern Caucasus), Sudan, Sierra Leone, Tajikistan, Yemen, Yugoslavia and Uzbekistan.

Training and capacity-building

21. UNFPA has been strengthening its own emergency response capacity significantly by developing systems to ensure that reproductive health needs are fully integrated into humanitarian interventions. The Fund has also provided orientation and training to humanitarian

workers for preparing assessments and participating in the United Nations Consolidated Appeal Process (CAP).

22. In 2001, UNFPA continued to organize international training courses for reproductive health coordinators in emergency situations with a workshop in Mauritania and an evaluation meeting in Tunisia. Since 2000, more than 90 participants from local and international non-governmental organizations (NGOs) and United Nations staff based in approximately 30 countries have been trained.

23. With UNFPA support, reproductive health components were incorporated in other health training courses. For example, MSI provided technical inputs and materials on reproductive health for Medical Emergency Relief International (MERLIN) and International Health Exchange courses on health in emergencies; and JSI provided lectures on reproductive health in its courses on emergencies.

Advocacy

24. UNFPA has supported advocacy to raise the awareness of donors and development agencies on reproductive health needs during humanitarian crises. UNFPA has developed a public service announcement on women's reproductive health and basic health needs in natural disasters which was aired following the earthquake in India in January 2001. The announcement was later aired on CNN International, the BBC and other television stations around the world. In late 2001, UNFPA was able to draw considerable press attention to the plight of the people of Afghanistan, including the reproductive health needs of Afghan refugees in the region.

25. During 2001, UNFPA upgraded and enhanced its web page on emergency response with new information on reproductive health support in emergencies. Links have also been provided to the web sites of several partner agencies. A booklet on reproductive health needs in crisis situations was produced by UNFPA and was well received by donors, other agencies and the press.

26. UNFPA has formed a close partnership with the Office for the Coordination of Humanitarian Affairs (OCHA) and The Women's Commission for Refugee Women and Children and co-hosted the launch of the 2002 CAP in November 2001, bringing special attention to the needs of adolescent refugees and internally displaced persons (IDPs).

27. During the reporting period, analysis from a survey conducted in 2000 on the situation of Angolan women, men and youth, who had been displaced or otherwise affected by war, was presented at a meeting of the International Union for the Scientific Study of Population held in Brazil. An illustrated bilingual (Portuguese and English) version of the report has been produced and will be distributed internationally to other development partners, public libraries, the

academic community, foundations and donors. This will be one of the first published studies of reproductive health and domestic violence among displaced populations. Another comprehensive survey was conducted among the drought-displaced population in Kenya. The report of this study is being finalized. A short video on HIV prevention and demobilization in Ethiopia was produced to raise awareness about such programmes. The Department of Peace-keeping Operations (DPKO) is using the footage taken in Ethiopia for advocacy on the need for HIV prevention in post-conflict situations.

Data collection, analysis and information synthesis

28. Through its leadership in the IAWG, UNFPA has helped to strengthen the knowledge base on reproductive health in crisis situations and has enhanced programming and contingency planning in this key area of humanitarian assistance.

29. UNFPA provided support for the International Centre for Migration and Health, a Geneva-based NGO, to prepare a comprehensive assessment of reproductive health issues in the context of forced migration. The assessment included: analysis of current knowledge on populations affected by forced migration, health issues and conditions, and the reproductive health implications of such migration; identification of specific data available on reproductive health issues, including HIV and other sexually transmitted infections (STIs), pregnancy outcomes, and gender-based violence; and identification of steps being taken by national governments, international agencies, NGOs and others to respond to the problem. With assistance from UNFPA, CARE is currently working with Emory University to conduct a review of written materials that document emergency partnerships and strategies adopted during emergencies.

30. UNFPA provided technical inputs to IRC to review and establish data collection systems in refugee camps in the United Republic of Tanzania, Rwanda and Uganda to facilitate comparative studies. With Belgian funding, a project being implemented in Burundi, Colombia and the Democratic Republic of the Congo will document the behaviour of and risks faced by IDPs, particularly adolescents, and their access to reproductive health services and information. This documentation together with analyses drawn from service statistics, surveys, censuses and other sources will be utilized by UNFPA to further refine guidelines for interventions in emergency situations focusing on young refugees and IDPs.

31. During 2001, in addition to carrying out a comprehensive study of the reproductive health implications of drought-displaced pastoral populations in Kenya, UNFPA provided support to MSI to conduct a feasibility study on marketing female condoms in Angola; a health awareness survey among Somali refugees in Yemen; and qualitative research on the reproductive health needs of young adults in Sierra Leone.

Inter-agency coordination and programme planning

32. Since 2000, UNFPA has been a member of the Inter-Agency Standing Committee on Humanitarian Affairs and has systematically taken part in the CAP. In 2001, UNFPA was particularly successful in raising funds and obtaining pledges for Afghanistan, Angola, the Democratic Republic of the Congo, and Eritrea. UNFPA continued to work closely with OCHA and IASC during 2001 through various working groups, including the one on HIV and emergencies. The Fund continued its cooperation with UNHCR in the areas of joint programme implementation and development of training tools. UNFPA also collaborated with UNIFEM on the expert assessment on women and conflict, with DPKO on assessment and training on HIV prevention in conflict situations, and with WHO on emergency response initiatives. During 2001, UNFPA participated actively in the United Nations Development Group (UNDG) emergency-related initiatives. This included participating in the preparation of the UNDG Plan of Action for peace-building that has been endorsed by the Joint Executive Committee of UNDG, the Executive Committee on Humanitarian Affairs (ECHA) and the Executive Committee on Peace and Security (ECPS). UNFPA also contributed to the preparation of UNDG guidance notes on mainstreaming conflict prevention into the United Nations Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) processes.

33. United Nations agencies, international NGOs, and government officials and NGOS from Central Asia and Europe participated in the regional Consultative Meeting on Women and Conflict organized by UNFPA in November 2001 in Bratislava, Slovakia. This meeting focused on practical consideration for gender-sensitive programming in emergency settings. Following a meeting between the Executive Director of UNFPA and the Secretary General of IFRC in 2001, the Fund revised the memorandum of understanding between the two agencies, placing greater emphasis on close cooperation and collaboration during emergencies and highlighting the importance of training programmes on reproductive health service provision and HIV/AIDS issues.

34. Other examples of cooperation include work with JSI and the American Refugee Committee (ARC) to provide logistics assessments, training and management for the ARC HIV-prevention programme in southern Sudan; partnerships with UNIFEM in implementing programmes in Liberia and Sierra Leone; collaboration between MSI and UNFPA in programming for Somali refugees in Yemen; partnership with CARE and ARBEF (the IPPF affiliate in Rwanda) to expand family planning services to families displaced by war; and collaborative work with the Liberian Red Cross.

Tools development

35. In 2001, UNFPA coordinated the review of the minimum initial service package (MISP) by the IAWG members; the review of the emergency reproductive health kits; and the reproductive health kit booklet revisions and translations. UNFPA also supported the translation (into French, Portuguese, Russian and Spanish) and printing of *Reproductive Health in Refugee Situations: an Inter-agency Field Manual*. MSI is currently preparing a monograph on best practices, based on programme experience in the field. With UNFPA input, CARE has developed a set of guidelines for partnering in emergencies. The guidelines serve as an assessment tool for strategic planning, human resource management, and financial administration for agencies working in the field.

Project development

36. In addition to the above-mentioned activities, UNFPA supported the development of: (a) an emergency programme of reproductive health support for Afghanistan and neighbouring countries; (b) two projects in the Democratic Republic of the Congo focusing on reproductive health services and education for youth, and emergency obstetric care; (c) a female condom initiative and a youth reproductive health services and HIV-prevention programme in Sierra Leone; (d) an HIV-prevention project for displaced youth in Liberia; and (e) a training programme in gender and HIV for peacekeeping medical staff.

Resource availability

37. In 2000, the Executive Board approved a rapid response fund, allowing UNFPA to programme up to $1 million per year from regular resources through a revolving fund. The rapid response fund has the flexibility to utilize funds when donor support for a UNFPA component of the CAP has been committed but not yet received by UNFPA. Since the establishment of the rapid response fund, the Governments of Australia, Austria, Belgium, Canada, the Czech Republic, Germany, Italy, Luxembourg, the Netherlands, Norway, the United Kingdom and the United States of America have provided assistance for a number of projects. In addition, support has been provided by the United Nations Foundation, the David and Lucile Packard Foundation, Chevron and the U.S. Committee for UNFPA.

38. In response to the Afghanistan crisis, UNFPA mobilized over $10 million. In 2001, through direct donor contributions or through use of other emergency resources, UNFPA was able to support CAP project activities in Afghanistan, Angola, Burundi, the Democratic Republic of the Congo, the Democratic People's Republic of Korea, Eritrea, Indonesia (for the Maluku crisis), the Russian Federation (northern Caucasus), Sierra Leone, Somalia, Southeastern Europe, Tajikistan, Uganda and West Africa. Major support was provided by the Netherlands,

Luxembourg, Belgium and Italy. The funds were utilized to save lives, including through the provision of emergency obstetric care and reproductive health services for refugees and IDPs.

39. UNFPA has also prepared projects for the 2002 CAP in the following countries: Afghanistan, Angola, Burundi, the Democratic People's Republic of Korea, the Democratic Republic of the Congo, Eritrea, Ethiopia, Guinea, Indonesia, Liberia, Sierra Leone, Somalia, Sudan and Tajikistan.

Lessons learned

40. A key lesson learned is that direct reproductive health commodities support, for example, the provision of reproductive health emergency kits, to countries facing emergency situations not only saves lives but also contributes to the well being of mothers and newborn children; helps prevent STIs, including HIV/AIDS; and relieves the health authorities of recipient governments of the burden of having to allocate additional resources from their already overstretched budgets. UNFPA provision of reproductive health supplies is greatly valued by both donors and recipient governments and by other development partners who rely on UNFPA supplies for service provision, improving the quality of reproductive health services and ensuring their availability to underserved population groups.

41. UNFPA has been successful in expanding its emergency response operations. Its achievements in assessing reproductive health needs, technical assistance in restoring basic and reproductive health services, provision of emergency supplies, safe delivery training, capacity-building, research activities and advocacy efforts have gone a long way in helping development partners and the general public to understand the critical importance of reproductive health issues during emergencies and in post-disaster situations. These achievements have also contributed to the overall UNFPA goal of institutionalizing and operationalizing reproductive health in emergency situations.

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